



Unannounced Care Inspection Report 10 February 2020



Tudordale

Type of Service: Nursing Home
Address: 294 Hollywood Road, Belfast, BT4 1SG
Tel No: 028 9065 1336
Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Melanie Reyes Acting Manager
Person in charge at the time of inspection: Melanie Reyes	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 42

4.0 Inspection summary

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An unannounced inspection took place on 10 February 2020 from 10.00 to 17.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- environment
- meals and mealtimes
- provision of activities

Evidence of good practice was found in relation to the personalisation of patients' bedrooms, art work within the home and accident/incident analysis.

Areas requiring improvement were identified in regard to infection prevention and control practices, care delivery, the dining experience of patients, managing distressed reactions and governance audits.

Patients spoken with during the inspection told us:

- “(I) like it here.”
- “It’s alright.”
- “Staff’s alright.”
- “Lovely company here.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*5

*The total number of areas for improvement includes one under regulation and two under the standards which have each been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Melanie Reyes, manager, and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Due to the findings of the inspection and following discussion with the regional manager, an action plan for improvement was submitted to RQIA.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 May 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five patients, four patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staff rota from 3 to 16 February 2020
- four patients' care records
- four patients' supplementary care charts
- a sample of governance audits
- a sample of reports of visits by the registered provider/monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is in respect of mobility; falls risk assessments and behavioural needs.	Not met
	Action taken as confirmed during the inspection: A review of care records highlighted a number of discrepancies in regard to this area for improvement; these findings are discussed further in section 6.2. This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22.10 Stated: First time	The registered person shall ensure that the auditing of accidents details any patterns or trends and any action to be taken regarding the findings of audit are stated including a timescale for completion.	Met

	<p>Action taken as confirmed during the inspection: A review of records evidenced that accidents and incidents were regularly audited and provided an analysis of any significant trends, patterns and/or areas requiring improvement.</p>	
<p>Area for improvement 2 Ref: Standards 12 and 23 Stated: First time</p>	<p>The registered person shall ensure that the information written in patients' supplementary care records, including repositioning records and nutritional records is an accurate record.</p> <p>Action taken as confirmed during the inspection: A review of care records highlighted a number of discrepancies in regard to this area for improvement; these findings are discussed further in section 6.2.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not met
<p>Area for improvement 3 Ref: Standard 25 Stated: First time</p>	<p>The registered person shall ensure that staff complete further training in respect of the principles of care, the home's core values and communicating with a person living with dementia.</p> <p>Action taken as confirmed during the inspection: A review of staff training records evidenced that training had taken place during October 2019. However, observation of staff interactions with patients highlighted the need for ongoing improvement in this area; this is discussed further in section 6.2.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met

6.2 Inspection findings

The internal environment and infection prevention and control (IPC)

We observed a sample of patient bedrooms, bathrooms, sluices and communal lounges. We found that these were generally well presented and some good examples of personalisation of patient's bedrooms was evident. We observed that personal protective equipment (PPE) was available throughout the home. We observed themed and colourful art work throughout the home. We observed that fire exits and corridors were clear from any clutter and free from obstruction.

Some areas of paint work were chipped or worn. We discussed this with the regional manager who advised that there was on going refurbishment plan for the home. The progress of this refurbishment plan will be reviewed at a future care inspection.

In addition, we also found that some pull cords were not appropriately covered to facilitate effective cleaning and that some staff were not compliant with infection, prevention and control best practice, for instance, by wearing jewellery, nail varnish, false nails and/or not adhering to the 'bare below the elbow' guidance for effective hand washing. An area for improvement was identified.

Care delivery

We observed staff attending to patients' needs in a caring manner. However, improvements were needed with attention to detail with the patients' personal appearance, for example following mealtimes, nail care and attending to facial hair. The delivery of personal care in these specific areas was discussed with the manager and the regional manager and an area for improvement made.

While we observed some positive interactions between staff and patients in the communal lounges and also when staff were attending to patients personal needs. There was a lack of communication from staff, on occasion, when assisting patients with meals and, one occasion a delay in responding to a patient's request for assistance in a timely manner. While a review of staff training records did evidence staff had received training in the principles of care, the home's core values and communicating with a person living with dementia, further improvement is needed to ensure that such training is embedded into practice. This was identified as an area for improvement as a result of the previous inspection and is now stated for a second time.

Dining experience

We reviewed the lunch time meal. We observed staff assisting patients in a calm manner and wearing appropriate Personal Protective Equipment (PPE) such as aprons.

Staff were aware of their patients' dietary needs including those requiring a modified diet. We reviewed the menu options for patients and identified that there was only one meal option for those requiring a modified diet. We brought this to the attention of the management team and an area for improvement was identified.

Care records

We reviewed one care records with regards to falls and the management of distressed reactions. , and found that the care plan and relevant risk assessment were updated as required.

We reviewed the care records for one patient in relation to their mobility needs; we found that the information in a risk assessment and care plan with regard to the equipment required was inconsistent.

We reviewed one care plan for an identified patient who may have a distressed reaction; we found that although a care plan was in place, it was not sufficiently patient centred. We also reviewed the evaluation of this care by nursing staff and identified that the efficacy of any administered medication to help manage distressed reactions was not always recorded.

The need to ensure that care needs are accurately assessed and care planned accordingly was identified as an area for improvement following the previous inspection and now is stated for a second time.

We reviewed the wound care records for one identified patient and found that the majority of required documentation was in place. However, we identified that the visual checks of a dressing requested by the podiatrist were not reflected within the daily evaluation of care. This was discussed with the nurse on duty who provided assurances that the checks were being done; the importance of ensuring that such checks are reflected in the ongoing evaluation of care was emphasised.

We reviewed the care records for an identified patient who required oral fluids to be restricted on a daily basis. Although the care plan identified that there was a restriction in place we could not identify the reason for this restriction. This was discussed with the nurse on duty who agreed to update the care plan to reflect this.

We observed inconsistencies in the recording between fluid intake charts and food and fluid charts. There also was no documented evidence of action taken when a patient had not met their prescribed fluid target. We also reviewed the repositioning records and care plan for another patient and observed that the timing of repositioning did not correspond with the timing in the care plan. Due to these deficits within the recording of the supplementary care records an area for improvement will be stated for a second time.

Staffing

We reviewed the duty rotas and identified that the planned staffing levels were generally well adhered to. Patients did not raise any concerns over the staffing levels in the home. Staff also maintained a visible presence throughout the home during the inspection. Staff spoken to stated that they were very “busy.” Staff comments also included the following remarks:

- “We are very busy; especially in the morning time.”
- “It’s busy, staff feel the pressure, I love it here.”
- “The afternoons are ok, it’s in the mornings that we are busy.”

We discussed this staff feedback with the manager and regional manager who stated that they were already aware of staff concerns about staffing levels during the morning and that a review of staffing arrangements was already underway. The outcomes of this review and any subsequent actions taken will be reviewed at a future care inspection.

Governance

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. These audits were in place to monitor the quality of the service provided. However, the audits performed were not sufficiently robust as had not identified those deficits highlighted during this inspection. An area for improvement was identified.

Management arrangements

A new acting manager has been appointed since the previous care inspection; RQIA had been appropriately notified of this change. The potential registration of the acting manager with RQIA was discussed both with the manager during the inspection and it was agreed that RQIA would be provided with a further update in relation to this matter on an ongoing basis.

Areas of good practice

Areas of good practice was found in regard to the personalisation of patients' bedrooms, art work within the home and accident/incident analysis.

Areas for improvement

Areas requiring improvement were identified in regard to infection prevention and control practices, attention to detail with patient appearances, menu choices for patients who required a modified diets, care records and governance audits.

	Regulations	Standards
Total number of areas for improvement	2	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Melanie Reyes, Manager, and Lorraine Kirkpatrick, Regional Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 10 May 2020</p>	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is in respect of mobility; falls risk assessments and behavioural needs.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: Issues identified have been further discussed during trained staff meeting held on 13th May 2020. Baseline audits of all care files have been completed and action plan will be formulated to address deficits found. Monthly care file audits will continue to be completed and will be spot checked by Home Manager. Compliance will also be monitored as part of the monthly visit carried out by the Regional Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of Inspection</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Identified pull cords have now all been covered to ensure effective cleaning can take place. Compliance will be monitored during the monthly auditing process. Hand hygiene & PPE audits are being completed. Staff reminded with regards the policy regarding uniform and jewellery policy. Improvement has been noted and compliance will continue to be monitored by the HM and the RM during the monthly support visits to the Home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2020</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements and current best practice, specifically infection prevention and control and hand hygiene audits.</p> <p>Ref: 6.2</p>

	<p>Response by registered person detailing the actions taken: An Infection Control Link Nurse has been allocated and will continue to complete the required governance audits as per policy. An action plan will be created as a result of any issues identified and discussed with staff during daily meetings. Compliance will be monitored during the monthly Reg 29 audit.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 12 and 23 Stated: Second time To be completed by: 20 May 2020</p>	<p>The registered person shall ensure that the information written in patients' supplementary care records, including repositioning records and nutritional records is an accurate record. Ref:6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: Base Line audits have been completed and information will be cross referenced to the supplementary charts. Registered Nurses have been reminded to ensure that when writing their daily reports that information documented is an accurate reflection on what is evidenced on the supplementary charts. Compliance will be monitored by Home Manager on regular basis.</p>
<p>Area for improvement 2 Ref: Standard 25 Stated: Second time To be completed by: 20 May 2020</p>	<p>The registered person shall ensure that staff complete further training in respect of the principles of care, the home's core values and communicating with a person living with dementia. Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: E Learning has continued however face to face sessions have required to be postponed due to COVID 19. However following the completion of terminal clean training will be resumed in small numbers.</p>
<p>Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that staff pay attention to patients personal appearance and provided assistance as required throughout the day. Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staff have been reminded with regards to ensuring that residents hands are washed following meals and to ensure that nails are keep clean. Any issues identified regarding the maintenance of facial hair will be recorded in the residents personal care plan. Personal care records are completed on daily basis and will be monitored by Home Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: immediately from the day of inspection</p>	<p>The registered person shall ensure that those patients who require a modified diet are offered a choice of meals at mealtimes, in keeping with best practice guidance.</p> <p>Ref: 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>Response by registered person detailing the actions taken: Support to the Home via the Catering Specialist took place and menus reviewed. Choices are offered at each meal. Compliance will continue to be monitored.</p> <p>Response by registered person detailing the actions taken: Registered Nurses have been reminded to ensure that when writing their daily reports that information documented is an accurate reflection on what is evidenced on the supplementary charts. Care Staff have been reminded that the completion of the supplementary charts should be contemporaneous. Compliance will be monitored by Home Manager on regular basis.</p>

Please ensure this document is completed in full and returned via Web Portal



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