

Inspection Report

17 June 2021



Tudordale

Type of service: Nursing Home
Address: 294 Hollywood Road, Belfast, BT4 1SG
Telephone number: 028 9065 1336

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Registered Individual: Mrs Natasha Southall	Registered Manager: Mrs Bijini John Date registered: 18 January 2021.
Person in charge at the time of inspection: Bijini John	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: 38
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 45 patients. Patients bedrooms are all situated at ground floor level and there is access to communal lounges, dining areas and an internal communal garden.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2021 from 9.00 am to 6.00 pm by a care inspector.

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.

Staffing arrangements were found to be safe, effective and adjusted if/when required following regular review. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Patients were seen to be well looked after. There was clear evidence of attention to personal care and dressing and those patients who required assistance with mobility, changing position and completing meals were seen to be attended to, by staff in a prompt and compassionate manner.

Patients expressed positive opinions about the home and the care provided. Patients told us that staff were friendly and very good and most were satisfied with the food provided. One comment from a patient in regard to the menu was passed to the manager to review.

Feedback from patients, staff, relatives and professional visitors indicated that they were very satisfied with the care and service provided at Tudordale.

RQIA were assured that the delivery of care and services provided in Tudordale was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to further improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Bijini John, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Five patients, six staff and one visitor were spoken with during the inspection.

Patients told us that they were satisfied with the service in the home. They described staff as "good" and "nice". Observation during the inspection indicated that patient's needs were met in a timely manner.

Patients said that they were happy in the home and enjoyed their meals stating that they are "well fed".

One patient described the menu as repetitive at times; this was discussed with the manager. Due to this feedback and inspection findings an area for improvement in regard to the dining experience will be stated for a second time as discussed in section 5.2.2.

Patients were observed to take part in group activities or enjoying listening to music or watching television in their rooms. Visiting and care partner arrangements in the home were ongoing and one patient described how they looked forward to the visits from their loved ones.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff spoken with said "This is my second home they are my family" another said "It is fantastic here at the end of the day we are here for the patients".

No responses to the resident/ relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) Stated: Second time	The registered person shall ensure that the following is in place in relation to wound care for all patients: <ul style="list-style-type: none"> that care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any multi-professional recommendations which should be available in the patient's care record that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. 	Met
	Action taken as confirmed during the inspection: A review of wound care records evidenced that this area for improvement was met.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered shall ensure person shall ensure in relation to infection prevention and control:</p> <ul style="list-style-type: none"> • staff are bare below the elbow to ensure effective handwashing • guidance for PPE is adhered to. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observations during inspection evidenced this area for improvement was met.</p>		
<p>Area for Improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the care records include:</p> <ul style="list-style-type: none"> • a patient centred evaluation of care on both a daily and monthly basis • the 24 hour fluid intake is accurately transcribed to the daily evaluation of care. 	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that fluid records were accurately transcribed. Some daily and monthly evaluations reviewed lacked specific detail.</p> <p>This areas for improvement was partially met and is stated for a second time.</p>		
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall review the current falls protocol to ensure that all unwitnessed falls or falls with a suspected head injury are managed in line with best practice guidance.</p>	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three incidents where falls had occurred evidenced that in two of these records observations were not consistently recorded. However risk assessments and care plans were updated.</p> <p>This area for improvement was partially met and will be stated for a second time.</p>		

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure the hand soap dispensers are effectively cleaned and maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.	Not Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that only one option was available for all patients. No records were available to evidence patient choice apart from the day of inspection. This will be discussed further in section 5.2.2. This area for improvement will be stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly and an induction to their role was provided.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses available on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they had adequate supplies such as cleaning materials and Personal Protective Equipment (PPE), and equipment.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The nurse in charge of each shift in the absence of the manager was highlighted so staff were aware who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients. Staff spoken with advised they were happy with the staffing levels of the home and that they were kept under review.

Patients told us that staff were “all nice” and “very good” during interactions and patients said that staff were friendly.

Staff told us that there was enough staff on duty and confirmed that sometimes short notice staff absences were covered by temporary or agency staff. Some staff described an improvement in staffing levels since the last inspection.

Staff were observed attending to patients’ needs in a timely manner and to maintain patient dignity by offering personal care discreetly and ensuring patient privacy during personal interventions. Patients were offered choices throughout the day, from where and how they wished to spend their time and what activities they wished to avail of.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients’ needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and the home manager. Staff told us they felt supported by the manager.

Staff were seen to provide a prompt response to patients’ needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly for example when assisting a patient with personal hygiene needs.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs; and included any advice or recommendations made by other healthcare professionals. Patients’ care records were held confidentially.

Evaluations of the care provided were recorded on a daily and monthly basis. Some of these records evidenced a lack of detail and were not patient centred; this area for improvement was partially met and was stated for a second time.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A sample of records reviewed evidenced some gaps in the recording of the care provided an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, crash mats or bedrails were in use, patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Records confirmed that in the event of a patient falling, a post falls protocol was in place. A review of records for three falls evidenced the post falls observations had not been consistently recorded on two of these records. An area for improvement stated at the previous inspection was partially met and was stated for a second time.

There was evidence of appropriate onward referral following a fall where required, such as Occupational Therapy or Trust falls prevention team. Following a fall relevant parties such as next of kin, Trust key worker and where required RQIA were informed. The manager conducted a monthly falls analysis to identify patterns and to determine if any other measures could be put in place to further reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Breakfast and lunch servings were observed and found to be pleasant, social and unhurried experiences for patients. The food looked and smelled appetising and portion sizes were generous.

There was a variety of drinks on offer and the menu was available for the patients to see what the options were. Staff completed a meal choice sheet to inform the kitchen what options were requested by the patients. However on the day of the inspection it was observed and confirmed by staff that only one meal option was available for the patients. Records evidenced that the patients had a choice of meals however for some patients both meals were requested; therefore it was unclear.

No records of choices offered on previous days were available to view. This was discussed at length with the manager an area for improvement in regard to the dining experience will be stated for a second time. A further area for improvement was made to ensure that all records relating to patients' menu choices are maintained.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to Speech and Language Therapy (SALT) or dietetics, and any recommendations made were detailed in the patients' individual care records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Compliance with the areas for improvement identified shall further enhance the service provided in the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms and bathrooms, and storage spaces. The home was clean, warm, well-lit and free from malodours. Through observation of equipment we observed a lack of attention to detail in relation to the cleaning of the underside of some shower seats and raised toilet seats. This was discussed with the manager and an area for improvement was identified.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken May 2021 and the manager told us that actions to be taken were being addressed.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos, jigsaws and games, radios and sentimental items from home.

Bedrooms and communal areas were found to be well maintained and suitably furnished. We noted that the room where the activity materials were stored was unlocked and items such as toiletries, perfumes, glues and hair sprays were accessible to patients. This was discussed with the manager and an area for improvement was identified.

The enclosed courtyard was accessible to patients and the maintenance staff were observed tidying same.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) were provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current guidance.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance.

In summary, there were systems in place monitor the IPC standards in the home, and staff, patients and relatives did not express any concerns in relation to the management of the COVID-19 pandemic. This will be further enhanced through compliance with the areas for improvement identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example some patients preferred to spend time in their bedrooms and some used the communal areas, and some patients were seen to move between communal and personal spaces.

Staff were aware of the patients' likes and dislikes and what interested them. There was a choice of television programmes or music available in different communal areas of the home.

The homes activity coordinator was observed to encourage patients to join in the activities and a musical activity was observed in the afternoon and various pieces of arts and crafts and photographs were on display. Activities and activity records will be reviewed further at the next inspection.

Patients and staff confirmed that there was regular visits from family members. Written information had been sent to all patients' next of kin explaining the DoH Care Partner initiative and a number of relatives availed of this offer. Relevant risk assessments and Care Partner agreements were in place. Staff members told us they were glad to see the visitors to the home and felt that this helped boost the morale in the home.

A relative of one of the patients spoken with told us they described the home as "Brilliant" and said that the staff "care with love."

Observations on the day of inspection evidenced that staff supported patients to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibility in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes in the management of the home since the last inspection. Mrs Bijini John became the registered manager in January 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

A system was in place for the management and recording of complaints to the home. The manager maintained records of compliments received about the home and shared these compliments with staff. One recent thank you card said, "Thank you so much for taking great care of xxx".

Staff commented positively about the management team and described them as supportive, approachable. Discussion with the manager and staff confirmed that there were good working relationships.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

In summary, there were effective systems in place to monitor all aspects of the running of the home. There was a clear organisational structure in place and all staff were aware of their roles within that structure.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients were seen to make choices throughout the day; from the care they received to how they spent their time. Staff were observed to be attentive to those patients who were unable to verbally express their needs.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

Patients were observed to be happy in their surroundings and positive interactions with staff were observed. Staff and visitors were positive when discussing the service provided in Tudordale.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team. This service will be further enhanced with compliance in the areas of improvement identified.

7.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	4*

* The total number of areas for improvement includes two that have been stated under the regulations and one under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Bijini John, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: Second time To be completed by: 1 September 2021	<p>The registered person shall ensure the care records include:</p> <ul style="list-style-type: none"> • a patient centred evaluation of care on both a daily and monthly basis • the 24 hour fluid intake is accurately transcribed to the daily evaluation of care. <p>Ref:5.1and 5.2.2</p> <p>Response by registered person detailing the actions taken: Care file audits are completed monthly to spot check the compliance of the records. Compliance was discussed at staff meetings and will be kept under review by the Manager. The Manager spot checks the transcribing of the 24 hour fluid total and addresses any deficits.</p>
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: Second time To be completed by: Immediately and ongoing	<p>The registered person shall review the current falls protocol to ensure that all unwitnessed falls or falls with a suspected head injury are managed in line with best practice guidance.</p> <p>Ref:5.1and 5.2.2</p> <p>Response by registered person detailing the actions taken: When reviewing the falls, the Manager checks compliance with post falls protocol. This will be spot checked during the course of the Regulation 29 visit .</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that patients do not have access to rooms or storage areas containing hazards which could be potentially harmful to their health.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Key pad placed on the activity room and all items are being kept locked away when not in use.This will be monitored by the Manager as part of her daily walkaround.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Menu choice records have been reviewed and separated for lunch & Tea with detailed option for modified and diabetic diet and Desserts. SCA and Nurse on each shift will double check the choices before sending to kitchen. This will be monitored by the Home Manager and spot checked during the Regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2021</p>	<p>The registered person shall ensure that records are maintained to evidence the choice of meal offered to patients, that choices are varied, recorded accurately and retained in the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The previous menu selection sheets are now retained in the kitchen and the Manager spot checks. This is spot checked as part of the Regulation 29 visit.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2021</p>	<p>The registered person shall ensure repositioning records are accurately maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions have been completed with staff in relation to accurate recording. This will be monitored by the Manager as part of the daily walk around and spot checked as part of the Regulation 29 visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the shower chairs and raised toilet seats are effectively cleaned after each use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Identified issues have been addressed by replacing new shower chairs. Regular monitoring in place for compliance with cleaning, as part of the daily walkaround.</p>

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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)