

Inspection Report

21 June 2022



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: Ms Georgeta Rotaru – not registered
Person in charge at the time of inspection: Ms Georgeta Rotaru – acting manager	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: 40
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 26 June 2022 from 9.25am to 5.15pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 7.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Tudordale was provided in a compassionate manner by staff that knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Tudordale. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Nine staff, five relatives, and eight patients were spoken with. One relative questionnaire was returned; the respondent was very complimentary of the care delivered in the home although they noted challenges in staffing levels. No feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home.

Staff acknowledged occasional challenges but agreed that Tudordale was a good place to work. Staff members were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

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 17 June 2021		
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: Second time	The registered person shall ensure the care records include: <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. 	Met
	Action taken as confirmed during the inspection: There was evidence of improvement since the last care inspection although some deficits in daily evaluation of care remain. It was reassuring to note that management had identified continued support is required for some staff and have a plan in place to address documentation and record keeping. This area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (1) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and examination of records evidenced this area for improvement was met.	
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Examination of the environment evidenced this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: Second 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.	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 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.	Met
	Action taken as confirmed during the inspection: Examination of menu choice records evidenced this area for improvement was met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure repositioning records are accurately maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure the shower chairs and raised toilet seats are effectively cleaned after each use.	Met
	Action taken as confirmed during the inspection: Review of the environment and of patient equipment evidenced this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that not all pre-employment checks had been completed prior to each staff member commencing in post. For instance, review of one staff recruitment file evidenced that an accurate employment history was not available which included reasons for leaving and employment gaps were not explored prior to an offer of employment being made. This was discussed with the manager and assurances were given that a new system for reviewing recruitment files was being implemented. An area for improvement was identified.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. However, review of training compliance records identified improvements in mandatory training uptake was required. An area for improvement was identified.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. However, some staff told us that the use of agency staff can be challenging, particularly if the agency staff are not familiar with the home and patients.

Relatives spoken with were complimentary about the care delivered in the home. One relative spoken with expressed concerns regarding staffing arrangements; they commented on the challenges of using agency staff instead of having permanent staff.

This was discussed with management who told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and confirmed that staffing is currently under review. The manager confirmed there was ongoing recruitment for vacant positions in the home.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these records were generally well completed. Minor deficits in recording were discussed with the manager who agreed to address this with staff.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was provided in keeping with care plan directions.

Falls in the home were monitored on a monthly basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following falls in keeping with best practice guidance. It was noted that staff did not consistently comment on the neurological status of the patient following a fall. This was discussed with the manager who provided assurances that clinical supervision with nursing staff would be arranged to address this matter. This will be reviewed at a future care inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal.

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided. Comments received from one relative regarding the quality of a dessert were discussed with the manager who agreed to meet with catering staff.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and the administration of food supplements in addition to meals. Care plans examined detailed how patients should be supported with their food and fluid intake. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

The management of weight loss was examined. It was good to note that timely referrals to the appropriate professionals were made. However, examination of care records for one identified patient confirmed their care plan had not been implemented to reflect the assessed needs of the patient. This was discussed with staff who addressed this immediately. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

Review of records such as personal care records and food and fluid intake evidenced that these were well maintained. Examination of additional care records evidenced some deficits in record keeping. For example, some daily evaluations lacked details of the delivery of person centred care, while some nursing entries were not legible. Details were discussed with the manager who confirmed that they were aware of the improvements needed in record keeping and confirmed that the care quality team were assisting with staff training specific to these areas. Given these assurances and to provide the manager with sufficient time to fully address and embed these changes into practice, additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

Inappropriate storage of personal care items and some topical medicines was observed in the hairdressing room. While an identified storage area was also found to be cluttered. These deficits were discussed with the manager who arranged for the issues to be addressed before the end of the inspection.

A number of bedrooms did not have a table top facility or bedside lighting. The manager agreed to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015. This will be reviewed at a future care inspection.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 17 May 2022. The manager confirmed that all actions identified by the fire risk assessor had been addressed.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE did not appear to be frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place. There was an adequate supply of PPE and hand sanitisers readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff members were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed they are the nurse with responsibility for leading on IPC procedures and compliance within the home. Given their current role, the manager agreed to identify another nurse to fulfil this role.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room or a lounge for meals.

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. A number of patients said that they enjoyed a recent barbeque while others enjoyed events to celebrate the Queen's jubilee and Father's Day. Photos of patients taking part in these events were taken by staff.

There was evidence that additional planned activities were being delivered for patients within the home. An activity planner displayed in the home confirmed varied activities were delivered which included bingo, puzzles, one-to-one activities, films, religious services and pampering sessions. Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. The activity co-ordinator confirmed a summer fair was planned along with further activities to celebrate the Wimbledon tennis event.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection. Ms Georgeta Rotaru has been the acting manager in this home since 7 March 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints and records were maintained. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative of the responsible individual 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. These reports were available in the home for review by patients, their representatives, the Trust and RQIA.

6.0 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Georgeta Rotaru, 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 21 (1) (b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure the appropriate pre-employment checks are made before making an offer of employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This area was discussed with the Regional Manager and it was agreed that before the personnel files were sent to the Care Home, they would be checked by the recruitment staff who conduct the interviews and also checked by Registered Manager on arrival to the Care Home. Regional Management team to check a random selection of personnel files during monitoring visits.</p>
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 21 July 2022	<p>The registered person shall ensure that patient's care plans are kept under review to reflect any change in their assessed care needs.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan coaching has taken place - the Acting Registered Manager will continue to monitor and focus on management of weight loss, ensuring care plans are appropriate to support identification of weight loss, recording, referral to Dietician and monitoring patients with weight loss. Team members have been informed about the RQIA inspection report and the implementation of the improvement plan.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Ongoing action IPC observations completed twice weekly and staff observed and reminded of hygiene and protection/prevention measures every day during daily walkabout. Discussed at flash meetings about donning and doffing area, appropriate use of personal protective equipment. Clinical supervision will be completed regarding hand hygiene knowledge and practice, with all team members who deliver direct care.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The transition from the FSHC learning platform to Florence Academy has been completed and staff have been informed. The platform has an easy system for monitoring the training modules which is part of the weekly report and can be easily monitored. Staff supervision will be implemented as required. Acting Registered Manager and Regional Team will continue to monitor this</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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