



Unannounced Care Inspection Report 22 September 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 nursing home registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Bijini John – registration pending
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: 30

4.0 Inspection summary

An unannounced inspection took place on 22 September 2020 from 09:45 to 18:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection sought to assess progress with areas for improvement identified at the previous care inspection on 11 June 2020.

The following areas were examined during the inspection:

- the internal environment and infection prevention and control(IPC)
- staffing
- care delivery
- care records
- governance and management.

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	*4	2

*The areas for improvement include one under the regulations that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bijini John, manager and Louisa Rea, regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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 and four 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 on-line. The inspector provided the manager with 'Tell Us' 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. No questionnaires were returned within the timeframe.

The following records were examined during the inspection:

- duty rotas from 14 to 21 September 2020
- staff training records
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records
- RQIA registration certificate.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 11 June 2020.

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) Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: A review of relevant audits evidenced the system in place was robust and that this area for improvement was met.</p>	
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time	<p>The registered person shall ensure that the following is in place in relation to wound care for all patients:</p> <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. 	Partially met
	<p>Action taken as confirmed during the inspection: An improvement was observed in the overall documentation for two wounds reviewed however, it was identified that where a protective dressing had been in place there was no supporting documentation. This was also identified at the previous inspection therefore this area for improvement will be stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust governance process is implemented to ensure that wound care within the home is effectively delivered to patients in accordance with their assessed needs, care standards and current best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that the overall auditing of wounds had improved. We acknowledge due to the timing of the audit this did not incorporate new wounds.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of training records and discussion with staff evidenced that this area for improvement was met.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that staff pay attention to patient's personal appearance and provided assistance as required throughout the day.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the presentation of the patients on the day of inspection evidenced that this area for improvement was met.</p>		

Area for improvement 3 Ref: Standard 4 Stated: Second time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.	Not met
	Action taken as confirmed during the inspection: A review of records evidenced that the oversight of supplementary care had improved however some of the evaluations of care lacked detail or were not patient centred and discrepancy in the recording of daily fluid totals in some progress records was evident. This area for improvement will now be subsumed under regulation.	

6.2 Inspection findings

6.2.1 The internal environment and infection prevention and control (IPC)

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised. However, we identified that underneath some of the hand soap dispensers had not been effectively cleaned; an area for improvement was made. Staff were observed to be wearing the correct PPE, however, on occasion staff were observed not removing the PPE appropriately. Two staff were observed to be wearing wrist watches. We brought these issues to the attention of the manager and an area for improvement was identified. Other minor areas identified, such as the effective cleaning of equipment, was addressed on the day of inspection.

Domestic staff told us that they had a system in place to ensure frequently touched points were regularly cleaned and deep cleaning was carried out as necessary following the current IPC guidelines.

The manager told us that the home had plenty of personal protective equipment (PPE) available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

6.2.2 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner.

Staff spoken with told us that there was improved communication with the manager, they were happy with the staffing levels and they were aware the staffing levels were kept under review. One staff member spoken to did advise they felt that they were short staffed, this comment was passed to the manager for consideration. Comments made by staff included:

- “I like it here; it is good here thanks to Bijini.”
- “Staffing levels are not bad.”
- “We have good teamwork.”
- “I have seen big improvements.”

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due; staff consulted with confirmed they received regular training.

Review of two recruitment records evidenced that the necessary checks were completed prior to the staff members commencing employment in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC.

6.2.3 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

Patients told us:

- “I can’t complain.”
- “Yes, I feel safe here.”
- “We are well looked after.”
- “I like it here.”
- “It’s lovely.”

We observed that patients who were in their rooms appeared content and comfortable.

We observed the serving of lunch; the food on offer was well presented and smelled appetising and patients were offered a choice of drinks with their meal. Staff were helpful, they were seen to encourage patients and offer assistance where necessary. Staff demonstrated their knowledge of which patients required a modified diet. However, we observed that there was only one option available for those who required a modified diet. This was discussed with manager and an area for improvement was made.

6.2.4 Care records

In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments, however, we observed that on two occasions these observations were not carried out over 24 hours in accordance with best practice. We discussed the falls protocol in place with the manager and an area for improvement in relation to falls management was made.

We reviewed the care records for the management of three wounds. We observed that there was improvement in the wound care records for two wounds, however, we observed that there was no supporting documentation in place for a third. This had also been identified during a previous inspection; therefore, an area for improvement was partially met and will be stated for a second time.

We reviewed the daily and monthly evaluation of care. We observed improvement in the oversight of the supplementary care records in the daily progress notes. However, we identified that not all evaluations were patient centred and on some occasions the total fluid amount was not reflective of 24 hours. An area for improvement identified at the last inspection under the standards will now be stated under regulation.

We reviewed the nutrition care plans for two patients. Care plans were reflective of the advice from other healthcare professionals such as the dietician and/or the speech and language therapist (SALT) and directed the care required.

6.2.6 Governance

A new manager has been appointed since the previous care inspection; RQIA had been appropriately notified of this change and an application for registration has been received.

We reviewed a sample of governance audits, including those focused on infection prevention and control and hand hygiene. These evidenced that a robust system was in place to monitor the quality of the service provided. However, review of the wound care audit identified that the lack of supporting documentation for a wound had not been identified through the audit process we discussed this with the manager who advised that the audit had been undertaken prior to the identification of this wound; given the improvement made to the auditing system for wounds this area for improvement was therefore met.

Records reviewed evidenced that there was a system in place to manage complaints and to ensure RQIA were notified of accidents/ incidents accordingly.

Staff confirmed that the manager is approachable and that the implementation of daily flash meetings have improved communication. The manager also discussed the benefits of these meetings.

Areas of good practice

Areas of good practice were identified in relation to staff interaction with patients, the personalisation of patients' bedrooms and the availability of PPE.

Areas for improvement

Additional areas for improvement were identified in relation to effective cleaning of the hand soap dispensers and adherence to PPE guidelines, the dining experience, and falls management and patient centred evaluation of care.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

Improvement had been noted since the last inspection; we recognise that the home had been significantly affected by COVID-19 and the efforts of staff were to be commended at this challenging time.

We observed that interactions between staff and patients were friendly and caring and patients looked comfortable and relaxed in their surroundings.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bijini John, manager and Louisa Rea, 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	
Area for improvement 1 Ref: Regulation 13 (1) Stated: Second time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the following is in place in relation to wound care for all patients:</p> <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. <p>Ref: 6.1 & 6.2.4</p> <p>Response by registered person detailing the actions taken: A robust system is in place to check the compliance in relation to wound documentation. This is spot checked by the Manager and as part of the Regulation 29 visit</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediately and ongoing	<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>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Infection control audits are being completed on a monthly basis on Radar and weekly hand hygiene & PPE audits are being carried out by the infection control link nurse. All issues will be discussed with the identified staff. Supervisions are carried out for all new staff in relation to infection control and PPE use.</p>
Area for improvement 3 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 1 November 2020	<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: 6.2.4</p> <p>Response by registered person detailing the actions taken: All nurses received supervision on how to write meaningful evaluations. This will continue to be monitored by the Manager for compliance as part of the care plan audit process.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: immediately and ongoing</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>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Supervision carried out with all nurses regarding falls management and documentation . CNS observation are being monitored for 24hrs after falls and evidence of reason provided if this discontinued before 24 hrs . The home manager continues ot review this as part of the falls review on Datix</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</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2020</p>	<p>The registered person shall ensure the hand soap dispensers are effectively cleaned and maintained.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: This has been addressed immediately and ongoing monitoring in place . This is monitored as part of the infection control</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2020</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: 6.2.3</p> <p>Response by registered person detailing the actions taken: The menus are currently under review and further additional choices are to be provided with the support of the resident experience Facilitator</p>

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



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