Unannounced Care Inspection Report
4 November 2019

Prospect

Type of Service: Nursing Home
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
Tel No: 02825645813
Inspector: Michael Lavelle

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 50 patients.

3.0 Service details

Organisation/Registered Provider: Prospect Private Nursing Home Ltd **Responsible Individual:** Thomas Mark McMullan	**Registered Manager and date registered:** Elizabeth Jane Ross 1 April 2005
Person in charge at the time of inspection: Sinead Kerr, Sister from 08.35 hours to 09.00 hours and Elizabeth Jane Ross from 09.00 onwards	**Number of registered places:** 50
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	**Number of patients accommodated in the nursing home on the day of this inspection:** 44

4.0 Inspection summary

An unannounced inspection took place on 4 November 2019from 08.35 hours to 13.50 hours.

This inspection was undertaken by the 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.

Evidence of good practice was found in relation to staffing, training, supervision and appraisal, adult safeguarding, risk management, the home's environment, multidisciplinary working and communication between patients, staff and their families. Further areas of good practice were identified in relation to the culture and ethos of the home, dignity and privacy, taking account of the views of patients, governance arrangements, management of complaints and maintaining good working relationships.

Areas requiring improvement were identified in relation to wound management.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Jane Ross, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 18 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. .

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 4 November 2019
- staff training records
- incident and accident records
- three patient care records
- a selection patient care charts including food and fluid intake charts, personal care records, and reposition charts
- a sample of governance audits/records

- staff supervision and appraisal planner
- nurse in charge competencies
- minutes of staff meetings
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- evidence of fire drills
- agency staff induction records
- annual quality report
- 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

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival the nursing sister confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

A review of the duty rota for week commencing 4 November 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that the care they received was good and that they felt safe and happy living in Prospect.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work with the patients in the home.

Review of records evidenced systems were in place to monitor staffs' registrations with their relevant professional bodies. Review of records and discussion with staff and the manager confirmed that staff training, supervision and performance appraisal was actively managed. Appropriate records were maintained.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

We reviewed accidents/incidents records since February 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately. One head injury had not been notified. This was discussed with the manager and submitted to RQIA retrospectively on the day of the inspection.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. If required, an action plan was devised to address any identified deficits. This information was also reviewed as part of the monthly monitoring visits.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were generally well adhered to. Most staff were knowledgeable in relation to best practice guidance with regards to hand hygiene and use of personal protective equipment (PPE) and were observed to wash their hands/use alcohol gels and use the correct PPE at appropriate times. We did observe a small number of instances where IPC best practice guidance was not adhered to with regards to hand hygiene and equipment cleaning. These were discussed with the manager for action as required. This will be reviewed at a future care inspection. .

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be clean, warm and decorated to a high standard. Fire exits and corridors were observed to be clear of clutter and obstruction.

During our walk around the home we observed the lock to a treatment room to be faulty. This was discussed with the manager who agreed to have it fixed that day. One of the downstairs lounges was quite warm. This was discussed with the manager who explained the heating had been recently turned up but agreed to monitor this.

We observed some patients on bed rest who were unable use the nurse call bell system due to cognitive impairment. This was discussed with the manager who agreed to audit all bedrooms to ensure those patients who cannot use the nurse call bell system are on an appropriate supervision regime. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the on-going needs of patients during these meetings.

Review of care records evidenced a high level of multi-disciplinary working and collaboration with professionals such as general practitioners, tissue viability nurse (TVN), dieticians and speech and language therapists (SALT).

Records reviewed clearly evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced a risk assessment was completed post fall although the patients care plan was contemporaneously updated. This was discussed with the manager for action as required. Appropriate actions were taken following the fall in keeping with best practice guidance.

Wound care, which was being provided to an identified patient, was also considered. Wound care documentation evidenced that the TVN had been involved in the patients' care and treatment although no recommendations made by the TVN had been incorporated into the patients care plan. There was evidence of good observation and treatment of the wound, however the evaluation of care was not in keeping with best practice guidance. This was discussed with the manager and an area for improvement was made.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

Reviews of supplementary care charts such as food and fluid intake, repositioning and personal care records evidenced these were well completed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records confirmed that staff meetings were held regularly. Patients meetings have been held during 2019 with a further meeting planned for before Christmas 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, multidisciplinary working and communication between patients, staff and their families.

Areas for improvement

One area for improvement was identified in relation to wound management.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived at the home at 08.35 hours and were greeted by the nursing sister who was friendly and welcoming. Many patients were in their bedrooms; some had been assisted to wash and dress, whilst others remained in bed, in keeping with their personal preference or their assessed needs. Other patients were enjoying breakfast in one of the two dining rooms or a cup of tea in one of the many bright and spacious lounges.

There was a relaxed atmosphere in the home. Staff were very knowledgeable regarding patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely with care delivered in an unrushed manner. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in the home evidenced that arrangements were in place to meet patients' social and spiritual needs within the home. Arrangements were in place for a pop up shop in the home with planning on-going for a "through the decades" fashion parade for patients and their relatives. Patient's commented positively on the "our towns and villages" display within the home. Patients said they enjoyed the activities. One patient said:

"There are plenty of activities every morning and every evening."

The environment in the home had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patients and reflected their life experiences.

We observed the serving of the breakfast. Patients were assisted to the dining area and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meals and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The staff were observed to be kind and patient in their interactions.

We reviewed the compliments file within the home. Some of the comments recorded included,

“Please pass on our sincere thanks to all the staff who devotedly care for our relative. As a family we were amazed at how they adjusted to life at Prospect. That was certainly down to the manner in which everyone responded to their personality.”

We spoke with 13 patients individually, and with others in smaller groups who told us they were happy and content living in Prospect. Patients said,

“I always enjoy the breakfast. It’s the best part of the day.”
“I am getting on great. The staff are excellent.”
“It is lovely.”
“It’s marvellous. You couldn’t beat it with a big stick”
“It is great in here. The staff are very helpful.”
“It is a lovely place. Everyone is so friendly. It’s warm and very comfortable. They answer the buzzer quickly.”
“They are very good to me. They couldn’t do enough for you.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We provided questionnaires in an attempt to gain the views of relatives who were not available during the inspection; we had six responses within the timescale specified. Four respondents were very satisfied with the care provided across all four domains. Two respondents were neither satisfied nor unsatisfied with care or were unsatisfied across all four domains. We spoke with two visitors to the home. Some comments from the visitors and questionnaire responses included,

“Difficult to find members of staff in the evening as all staff appear to be at tea.”
“The lift is too small for wheelchairs. Wheelchairs need repaired and cleaned. There are too many agency staff who don’t know the patient’s needs.”
“As a daily visitor I always feel welcome and I am treated with kindness and friendship.”
“My relative is very well cared for. I can go home happy that my relative is content, really enjoys their food and is very fond of all the girls who look after her.”
“Seems there is a shortfall of staff in the evenings. Has been occasions when care staff cannot be located. High dependency on agency staff who don’t always know about the residents. Majority of staff 100% ++”
“My relative is well cared for. They are good to the both of us.”
“The care is very good. The patients seem to be well cared for. The staff are very kind.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Six members of staff were spoken with during the inspection. They all commented positively on working in the home. Staff said,

“There is a good atmosphere here. The staff are friendly and helpful. The people who live here are friendly too.”
“It is an excellent team here. We are well supported by the management who are on the floor.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

The manager is the person in day to day operation of the home. The manager reported that they were well supported by the staff and the nursing sister. A review of the duty rota evidenced that the manager's hours were clearly recorded.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included the environment, IPC, hand hygiene, medicines, wounds, care records and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed as required

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patients spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Jane Ross, Registered 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure care plans for the management of wounds accurately reflect recommendations of the multidisciplinary team. Care should be delivered in keeping with the assessed needs of the patient and evaluations should be in keeping with best practice guidance. Ref: 6.4
	Response by registered person detailing the actions taken: Staff reminded to update care plans accurately and contemporaneously. Staff to ensure evaulations are more detailed and patient centred. This will be monitered through the audit process.

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

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