

Unannounced Care Inspection Report

2 October 2017



Prospect

Type of Service: Nursing Home (NH)
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
Tel No: 028 2564 5813
Inspector: Liz Colgan

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 50 persons.

3.0 Service details

Registered Organisation: Prospect Nursing Home Ltd Registered Person: Mr Thomas Mark McMullan	Registered Manager: Mrs Elizabeth Jane Ross
Person in charge at the time of inspection: Mrs Elizabeth Jane Ross	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 2 October 2017 from 12.25 to 17.35.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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 all four domains in regards to governance processes relating to the recruitment and training of staff; adult safeguarding, communication between staff and patients, the environment and the culture and ethos of the home.

Areas for improvement under the standards were identified in regards infection, prevention and control (IPC) practice and care records.

Patients said that the home was lovely, the food was first class and staff were kind and caring. Some patients felt that at times it can appear there is a shortage of staff. Feedback received from returned patients' questionnaires is discussed further in section 6.6.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth 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 15 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 15 March 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 12 patients, four staff, and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 18 September to 8 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- five patient care records
- three patients' supplementary care records
- staff supervision and appraisal planners

- a selection of governance audits
- patient register
- staff register
- minutes of staff, relative and patients' meetings
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered persons should ensure staff meetings take place for all grades of staff, on a regular basis and at a minimum quarterly. Minutes of meetings should be maintained.	Met
	Action taken as confirmed during the inspection: A review of the minutes of staff meetings confirmed that since April 2017, seven staff meetings have been held which have included all grades of staff.	

<p>Area for improvement 2</p> <p>Ref: Standard 35.6</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that patients care records are audited on a monthly basis. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified. There should be evidence that the necessary improvements have been embedded into practice.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that sufficient audits of patients care records had been undertaken to monitor and report on the quality of these records. The results of audits had been analysed and appropriate actions had been taken to address any shortfalls identified. There was evidence that any shortfalls had been discussed at staff meetings.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p>	<p>The registered persons should ensure the policy on nutrition, meals and mealtimes is subject to a systematic three yearly review at a minimum (and more frequently if required) and the registered manager ratifies any revision to the policy.</p> <p>Action taken as confirmed during the inspection: The policy on nutrition, meals and mealtimes had been reviewed. Discussion with the registered manager confirmed that the policy will be subject to a systematic three yearly review or more frequently if required, and that any revision to the policy will be ratified.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p>	<p>The registered persons should ensure all relevant staff have been provided with update training in managing feeding techniques for patients who have swallowing difficulties.</p> <p>Ref: Section 4.3</p> <p>Action taken as confirmed during the inspection: Review of training records confirmed that staff had been provided with a training update in relation to managing feeding techniques for patients who have swallowing difficulties.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager 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 staffing rota from 18 September to 8 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Comments received from completed patient questionnaires in regards to staffing are referenced further in section 6.6. The registered manager confirmed that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of records evidenced staff have received supervision and appraisal as required and that competency and capability assessments were completed where necessary.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Safeguarding champions had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA had also been notified appropriately.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of audit records focusing on falls management confirmed that the number, type, place and outcome of falls were analysed on a monthly basis in order to identify patterns and trends. Action plans were also in place to address any deficits which were identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/patients' representatives/staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction.

Infection prevention and control (IPC) measures were generally adhered to and equipment was appropriately stored. However, it was observed that staff did not use personal protective equipment (PPE) appropriately when toileting patients. This issue was highlighted to the registered manager and an area for improvement under regulation was stated.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was identified in relation to IPC practice.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records generally reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. The review of one supplementary care chart and subsequent review of this patients care record evidenced that an issue identified in the supplementary chart had not been recorded, in the daily progress notes to ensure that a nursing intervention would be taken if required. These observations were highlighted to the registered manager and an area for improvement under the standards was stated.

Supplementary care records such as food and fluid intake charts at night evidenced that they were not always maintained in accordance with best practice guidance, care standards and legislation. This was discussed with the registered manager and an area identified for improvement against the standards was stated.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. A comment received from completed staff questionnaire in relation to the hand over meetings is referenced further in section 6.6.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dieticians, and TVN's. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patients' records.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. A review of the minutes of staff meetings confirmed that since April 2017 seven staff meetings have been held which have included all grades of staff.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patients' and relatives' meetings were held on a yearly basis. Minutes were available. Patients and patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives spoken with knew the registered manager. A comment received from a completed patient questionnaire in relation to knowing the registered manager is referenced further in section 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes focusing on quality assurance and service delivery; and communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement under the standards were identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were offered a choice in regards to food and fluids and the level of help and support requested. Staff were observed to offer patients reassurance and assistance as required. The daily menu was displayed in the dining room and patients were offered a choice of two main courses and desserts. A choice was also available for those patients who required a therapeutic diet or if any patients wanted an alternative from the displayed menu.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. The registered manager confirmed that an annual survey was carried out to gather patient's views about the quality of the service provided and the care they received.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff (10), patients (eight) and patients' representatives (10). Eight patients, three patient's representatives and two staff completed and returned questionnaires.

The majority of questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. In the returned patient questionnaire responses, one patient stated no to the question, 'Are you satisfied that there are enough staff available to care for you?' Two patients stated no to the question, 'Are your needs attended to promptly?'

Another patient did not fully complete the 'Well Led' section of the questionnaire as they didn't know the manager. The following comments were received:

Patient comments:

"At times it can appear there is a shortage of care assistants."

"Due to the occasional staff shortage it can be impossible to be attended to immediately."

"At times waiting for the toilet can be long."

"I helped my mum complete this form, she would not know the manager to see, so therefore cannot completely answer the questions above."

Patient representatives' comments:

"We feel mum is totally safe here and well cared for. Housekeeping is impeccable."

"Mum's carers know her very well now and are always quick to involve us in meeting her needs. Excellent team approach."

"Care is extremely compassionate."

"The management team are excellent and follow up any concerns very quickly and also bring concerns to our attention. All staff are excellent and very well directed and managed. Everyone understands their role in the team."

"Prospect is exceptionally well managed and this competence is evident in the standard of care."

Staff comment:

"No handover to domestic staff."

Comments made by patients during the inspection are detailed below:

"Staff look after me well."

"The home is lovely."

"Staff are kind and caring."

"Food first class."

"Sometimes have to wait for the toilet."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered 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.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff were knowledgeable of the complaints process. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and were confident that staff and management would manage any concern raised by them appropriately. Generally patients were aware of who the registered manager/person was.

Discussion with the registered 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. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, care records, and the environment. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were 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 incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Mrs Elizabeth 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 2 October 2017	<p>The registered person shall ensure that the infection prevention and control issue identified during this inspection relating to the use of PPE is addressed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff reminded about the correct use of PPE. This will be monitored by senior staff.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 2 November 2017	<p>The registered person shall ensure that identified care needs are recorded in patients care records to ensure the appropriate nursing intervention is provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff advised to ensure progress notes are updated following issues raised on supplementary charts. This will be monitored through audit.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 2 November 2017	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Food and fluid charts updated throughout the 24 hour period. Staff advised to record refusals and when residents are sleeping.</p>

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



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