Inspection Report

2 December 2021

Prospect

Type of service: Nursing Home
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
Telephone number: 028 2564 5813

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: Prospect Private Nursing Home Ltd **Responsible Individual :** Mr Thomas Mark McMullan	**Registered Manager:** Mrs Elizabeth Jane Ross **Date registered:** 1 April 2005
Person in charge at the time of inspection: Mrs Elizabeth Jane Ross – Registered Manager	**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:** 38
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 50 patients. The home is located over two floors with patients' bedrooms located on the ground and first floor.	

2.0 Inspection summary

An unannounced inspection took place on 2 December 2021 from 9.30 am to 3.45 pm 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 this is discussed within the main body of the report and Section 7.0. One area for improvement was stated for a second time.

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.

RQIA were assured that the delivery of care and service provided in Prospect was provided in a compassionate manner by staff who 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, staff and relatives were asked for their opinion on the quality of the care and their experience of living, visiting or working in Prospect. 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 registered manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with eight patients, one relative and eight staff. Four questionnaires were returned by relatives who indicated they were very happy with the care provided in the home. Comments received regarding activity provision and visiting were discussed with the manager during a phone call following the inspection for action as required. We received no feedback from the staff online survey within the timeframe for inclusion in this report.

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.

The relative spoken with was happy with the care partner arrangements and the care their relative was receiving.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Prospect was a good place to work. Staff 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 21 January 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) (b) **Stated:** First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met partially met. This area for improvement has not been fully met and has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. All staff were provided with a comprehensive induction programme to prepare them for providing care to patients. 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 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 staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who confirmed in an email following the inspection that training had been diarised for 2022. An area for improvement was identified.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good teamwork and had no concerns regarding the staffing levels.

Patients spoke highly 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. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff 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 were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who are less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly; accurate records were maintained.

Falls in the home were monitored monthly 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.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, use of an alarm mat to alert staff the patient requires assistance. Review of records relating to the management of falls evidenced appropriate actions were not consistently taken by staff following falls. Examination of two patients care records confirmed that registered nursing staff did not consistently record clinical observations after the falls and patients' care plans were not consistently reviewed following the fall or updated when there was a change in the patient's needs. An area for improvement identified at the previous care inspection is stated for a second time.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of a selection of patients' records and discussion with staff confirmed that the correct procedures were consistently followed if restrictive equipment was used, however there was no evidence that these practices were audited on a regular basis. This is discussed further in Section 5.2.5.

A number of patients were on bed rest but were unable use the nurse call system due to their cognitive impairment. An appropriate system was in place to evidence these patients were appropriately supervised.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need support with meals ranging from simple encouragement to full assistance from staff.

Observation of the breakfast routine identified a number of issues. For example, some hot food was left uncovered for a period of time before being brought to the patient's preferred dining area; while other meals were seen to be uncovered when brought to patient bedrooms. This was discussed with the manager who agreed to meet with the nursing sister and kitchen staff to review current arrangements.

Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Staff attended to patients' dining needs in a caring and compassionate manner and maintained written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Review of patient's records evidenced that these were generally well maintained, however, some deficits in recording were noted. For example, one patient's care plan had not been updated to reflect the change in their treatment. Another care plan did not accurately reflect the frequency the patient required repositioning. Details were discussed with the manager who arranged for care plans to be updated immediately.

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 include any advice or recommendations made by other healthcare professionals. Review of care records of a patient recently admitted to the home evidenced that care plans had been developed within a timely manner to accurately reflect the patient's assessed needs.

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

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.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed in January 2021. All actions identified by the assessor had been addressed by the manager. Examination of records confirmed a number of staff had not participated in a fire drill within the appropriate timeframe. This was discussed with the manager who gave assurances that identified staff would receive a fire drill within two weeks.

Issues were observed which posed a potential risk to patients' health and wellbeing. These included food and fluid thickening agents stored in areas accessible to patients and the treatment room was observed to be unlocked with access to sharps. In addition, a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

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. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. There was an adequate supply of PPE and hand sanitiser.

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

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. Christmas trees and decorations were noted throughout the home.

Discussion with staff confirmed that activities had not been planned and staff had not been allocated to provide activities in the absence of the activity therapist. Staff spoken with confirmed they find it difficult to provide activities due to workload pressures. One relative said, "Since Covid-19 not enough activities, more stimulation should be undertaken." Review of daily progress notes confirmed staff did not regularly comment on how each patient spent their day and not all patients had an up-to-date activity care plan. This was discussed with the manager who acknowledged a change in some staffing roles and the challenges of delivering a full programme of activities during the pandemic. They confirmed a new activities' co-ordinator had been appointed and gave assurances that activity provision was being reviewed.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Varied opinions were given about visiting arrangements in the home; the manager was informed of this information prior to the issue of the report for their attention and action as required.

5.2.5 Management and Governance Arrangements

Staff 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 no change in the management of the home since the last inspection. Mrs Elizabeth Jane Ross has been the registered manager since 1 April 2005. RQIA were notified appropriately.

Review of the home's governance systems and processes evidenced a number of areas that required to be reviewed to ensure these systems identified and addressed areas needing to be improved. For example, audit of falls management, IPC practices and PPE use and restrictive practices. RQIA acknowledged the management of Covid -19 had impacted the governance arrangements. RQIA were satisfied that the manager understood their role and responsibilities in terms of governance and needed time to address the areas for improvement identified as a result of this inspection. An area for improvement in this regard was identified.

Discussion with staff confirmed that systems were in place for staff supervision and appraisal. Review of records evidenced that twice yearly supervisions and annual appraisals had not been completed for all staff. The manager confirmed in an email following the inspection that supervisions and appraisals had been diarised for 2022. To ensure supervision and appraisal requirements are met an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Discussion with the manager confirmed an annual quality report had not been completed for 2020. Following discussion with the manager it was agreed that these should be completed on an annual basis and that a report would be prepared for 2021 which includes follow-up actions to be taken. This will be reviewed at a future inspection.

Staff commented positively about the manager and the management team 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.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified one notifiable event which had not been reported. This was submitted retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1)

	Regulations	Standards
Total number of Areas for Improvement	4*	2

*The total number of areas for improvement includes one that has been stated for a second time.

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** Immediate action required	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: All trained staff are alerted to the necessity of completing accurate observations and actions following a fall.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents and ensuring patient access to sharps. Ref: 5.2.3
	Response by registered person detailing the actions taken: Observations of the environment confirmed that these were securely stored, this will continued to be monitored.
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. Ref: 5.2.3
	Response by registered person detailing the actions taken: Audits continue to minimise the risk and spead of infection, staff training updated when necessary,

Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned. Ref: 5.2.5
	Response by registered person detailing the actions taken: Governance arrangements continue and deficits to be actioned.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 39.9 **Stated:** First time **To be completed by** 31 January 2022	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: Mandatory training continued and will updated in the appropriate timescales. To be completed by Jan 22
Area for improvement 2 **Ref**: Standard 40.2 **Stated:** First time **To be completed by:** 31 January 2022	The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor. Ref: 5.2.5
	Response by registered person detailing the actions taken: Supervision and appraisal planner in and place and currently being actioned.

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

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