

Inspection Report

13 November 2022



Prospect

Type of service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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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: Mr George Molai – nurse in charge	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: 36
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 13 November 2022 from 9.00am to 4.40pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0. Three areas for improvement identified at the previous inspection were partially met and were stated for a second time; one additional area for improvement was carried forward for review at the next medicines management inspection.

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

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

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

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, 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 manager at the conclusion of the inspection.

4.0 What people told us about the service

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. One patient told us, "I love this place, this is my home." while another patient said, "I am terribly well looked after, I couldn't say a bad word."

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home. Eight questionnaires were returned by relatives indicating they were very happy with the care provided in the home. One relative said, "Excellent care in Prospect, staff are very helpful and professional" while another relative said, "All aspects of my relatives care are met".

Staff spoken with said that Prospect was a good place to work. Staff spoke about the good teamwork in the home and spoke of how much they enjoyed caring for the patients.

No feedback was received from the staff online survey.

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 (pharmacy) inspection on 16 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure that all medicines are administered as prescribed with accurate records of administration maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>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.</p> <p>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.</p> <p>Action taken as confirmed during the inspection: Observation of staff practice and the home environment evidenced improvements in limiting patient access to sharps. However, further improvements in supervision of cleaning chemicals and thickening agents are required. This is discussed further in Section 5.2.3.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
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<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Action taken as confirmed during the inspection: Although some improvements were noted in staff practice, discussion with staff and observation of staff practice evidenced continued shortfalls in infection prevention and control knowledge and practice. This is discussed further in section 5.2.3.</p> <p>This area for improvement is partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Examination of governance records and discussion with the manager confirmed that although some improvements have been made to the oversight arrangements in the home, further improvements are required to achieve compliance; particularly in relation to oversight of infection prevention and control practices and restrictive practice. This is discussed further in Section 5.2.5.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 40.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us they 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. In correspondence received following the inspection, the manager confirmed that all of the staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Training records reviewed evidenced a high level of compliance with mandatory training.

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

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels.

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

5.2.2 Care Delivery and Record Keeping

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

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

It observed that information relating to patient care and treatment was accessible because staff had not locked a door when leaving the office. This was discussed with staff who took necessary action to secure access to the information. The nurse in charge confirmed they would review arrangements for safe storage of patient information. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning highlighted deficits in record keeping. For example, it was noted that repositioning records had not been contemporaneously completed by staff overnight. In addition, patient's care plans did not consistently comment on their frequency of repositioning. An area for improvement was identified.

Moving and handling of patients was examined. Staff demonstrated good knowledge in moving and handling although shortfalls in staff practice were identified which posed a potential risk to patients' health and wellbeing. Two patients were observed sitting in wheelchairs which did not have their brakes deployed. These incidents were discussed with staff who took necessary action to mitigate any risk. This was discussed with the nurse in charge and an area for improvement was identified.

Management of wound care was examined. Review of one identified patient's care records confirmed that the patients care plan had been updated to reflect their assessed needs. Wound assessments and evaluations were detailed and commented on the progress or condition of the wound. However, there was evidence that the patient's wound was not dressed in keeping with care plan directions. This was discussed with the nurse in charge who agreed to give the feedback to the manager for follow up with registered nursing staff. This will be reviewed at a future care inspection.

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 evidenced that although appropriate risk assessments had been completed and consents had been obtained, appropriate care plans were not in place. This was discussed with the nurse in charge who agreed to implement care plans before the end of the inspection. This was identified as an area for improvement.

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

Review of the management falls evidenced appropriate actions were consistently taken following falls in keeping with best practice guidance.

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

Patients may need support with meals; ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

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

Examination of menu choice records confirmed International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was not consistently used in menu choice records. This was discussed with staff who agreed to review records relating to the management of patients on modified diets with the registered manager and catering manager. This will be reviewed at a future care inspection.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that a number of care plans had not been developed within a timely manner to accurately reflect their assessed needs. In addition, there was evidence that some patients risk assessments and care plans had not been reviewed for a period of up to two months. Areas for improvement were identified.

Patient care plans should be developed in consultation with the patient or their representative. Review of care records evidenced this was not always clear in the patient's plan of care. This was discussed with the nurse in charge who agreed to address this with nursing staff. This will be reviewed at a future care inspection.

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.

Examination of daily evaluations of care confirmed that while some entries were patient centred, there was evidence that some nursing staff were using repetitive statements to evaluate patient care. In addition, some care plans were found to be generic and had not been personalised for the patient. Assurances were provided by the nurse that this would be addressed by the manager. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

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

Inappropriate storage of incontinence products was observed in an identified store room. These deficits were discussed with the manager agreed to address these matters with staff and monitors compliance on their daily walk about. This will be reviewed at a future care inspection.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. Cleaning chemicals were found to be inappropriately stored and/or supervised on two occasions while food and fluid thickening agent was found to be accessible to patients on three separate occasions. This was discussed with identified staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the nurse in charge that further action would be taken to reduce risks to residents in the home. An area for improvement identified at the previous care inspection was stated for a second time.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 28 April 2022. The manager confirmed that all actions identified by the fire risk assessor were addressed.

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

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE were frequently displayed at PPE stations.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not.

Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff members were not bare below the elbow. This was discussed with the nurse in charge who agreed to address these matters with staff and ensure compliance through reviewing their audit systems. An area for improvement identified at the previous care inspection was stated for a second time.

5.2.4 Quality of Life for Patients

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

Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One patient said, "We do arts and crafts, it helps put the day in" while one relative said, "they have good activities on during the week".

Staff said the activity co-ordinator did a variety of one to one and group activities to ensure all patients had some activity engagement. Staff said there were plans in place to celebrate Halloween; many decorations had been displayed throughout the home.

5.2.5 Management and Governance Arrangements

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

There has been 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good although some shortfalls were identified. There was evidence of inconsistent audit activity regarding oversight of supplementary care records, while shortfalls in IPC practice, PPE use and wound care audits did not identify the deficits highlighted during the inspection. In addition, there was no evidence that restrictive practices were being audited. This was identified as an area for improvement at the previous care inspection and is stated for a second time.

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

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

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail. These reports were available in the home for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	8*	2

*The total number of areas for improvement includes three which are stated for a second time, while one area for improvement is carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr George Molai, nurse in charge, 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 (4) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that all medicines are administered as prescribed with accurate records of administration maintained.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: Immediate action required (13 November 2022)	<p>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.</p> <p>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.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All identified items were secured to safe storage with immediate effect. Continued to be monitored and audited.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required (13 November 2022)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff reminded of the appropriate techniques and IPC measure. Increased audits to monitor.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: All appropriate audits reviewed and in place.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure that information about a patient's health and treatment is securely stored to ensure patient information is only accessible to those with permission.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Doors secured when not monitored by staff.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair brakes.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff reminded of manual handling training and policies.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure that appropriate care plans are in place for patients that require bedrails.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans now in place.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure that patient care plans and risk assessments are updated on a regular basis.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care Plans and risk assessments updated and reviewed, audits continued.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to:</p> <ul style="list-style-type: none"> the frequency of patients repositioning needs are clearly prescribed in their plan of care the contemporaneous and comprehensive completion of supplementary repositioning records. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans updated and reviewed, repositioning records monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (13 November 2022)</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff reminded of their responsibilities in relation to record keeping following admission to the home.</p>

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