



# Unannounced Follow-up Care Inspection Report 18 February 2019



## Prospect

**Type of Service: Nursing Home (NH)**  
**Address: 3 Old Galgorm Road, Ballymena BT42 1AL**  
**Tel No: 02825645813**  
**Inspectors: Michael Lavelle and James Laverty**

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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 provider 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 nursing home registered to provide nursing care for up to 50 persons.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2019 from 09.00 hours to 13.30 hours.

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.

The inspection sought to assess progress with issues raised 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.

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining good working relationships.

No areas for improvement were noted during this inspection.

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. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide Prospect with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Elizabeth Jane Ross, registered manager, and following the inspection with Thomas Mark McMullan, registered person, as part of the inspection process.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 25 October 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspectors met with eight patients, two patients' relatives, one visiting professional and five staff.

The following records were examined during the inspection:

- staffing rota for all staff weeks commencing 11 February 2019 and 18 February 2019
- staff training records
- incident and accident records
- fire drill records
- one staff recruitment and induction file
- agency staff induction records
- three patients' care records including a selection of supplementary care records
- a sample of governance audits
- complaints record
- staff meetings minutes
- RQIA registration certificate
- a sample of 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 person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 October 2018

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 25 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> 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. A falls policy and flow chart should be developed and implemented within the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff confirmed that clinical and neurological observations were generally well recorded in keeping with the home's policy and best practice guidance. Actions taken post fall were also well recorded although a post fall risk assessment was not completed within 24 hours on one occasion. Some minor gaps in recording were also observed; this was discussed with the registered manager for action as required. A falls policy has been developed within the home with associated flow charts available at each of the nursing stations. This area for improvement has been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment, observation of practice and discussion with staff evidenced sustained improvements since the last care inspection. The deficits identified at the previous care inspection have been satisfactorily addressed.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to:</p> <ul style="list-style-type: none"> <li>• wound management</li> <li>• management of infection</li> <li>• weight management</li> <li>• SALT recommendations</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three care records evidenced sustained improvements in the standard of care planning throughout the above areas. Care plans had been meaningfully reviewed and updated in a timely manner to reflect patients' assessed needs. Minor gaps in recording of wound assessments were observed in one identified patient's care record and the need for nursing staff to redress wounds in keeping with prescribed care at all times was stressed. This was discussed with the registered manager for action as required.</p>		

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time	The registered person shall ensure the patient's plan is kept under review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of three patients' care records evidenced that each patient's plan had been kept under review and updated on a monthly basis or more frequently, as required.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 39.1 <b>Stated:</b> First time	The registered person shall ensure all agency staff complete a structured orientation and induction and further ensure a contemporaneous record is retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of agency staff induction files and discussion with staff confirmed agency staff complete a structured orientation and induction, and a contemporaneous record had been retained.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 48.8 <b>Stated:</b> First time	The registered person shall ensure all staff participate in a fire drill at least once a year.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records and discussion with staff evidenced that all staff had participated in a fire drill at least once a year.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that accident and incident records are completed in an accurate, comprehensive and contemporaneous manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of accident and incident records confirmed records were completed in an accurate, comprehensive and contemporaneous manner.	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and review of records confirmed staff meetings are held on at least a quarterly basis and minutes retained. Discussions with the registered manager confirmed quarterly meetings have been scheduled throughout 2019.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person shall ensure that the staffing rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the staffing rota confirmed that the first and last name of all staff working in the home was clearly recorded. The name of the nurse in charge of the home on each shift was clearly identified.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time	The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the complaints records evidenced they were managed in keeping with relevant regulations and standards.	



<b>Area for improvement 7</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of governance audits evidenced robust systems were in place. Audits identified deficits and generated associated time bound action plans. These in turn were discussed and actioned by trained staff with oversight from the registered manager. The registered manager confirmed auditing systems have been reviewed and senior management are availing of professional support from a healthcare consultant in this regard.	

### 6.3 Inspection findings

The focus of this inspection was to to assess progress with issues raised during the last care inspection on the 25 October 2018 as outlined in Section 6.2.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and maintaining good working relationships.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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