

Inspection Report

28 September 2023



Prospect

Type of Service: Nursing Home
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
Tel no: 028 2564 5813

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Registered Provider: Prospect Private Nursing Home Registered Person Mr Thomas Mark McMullan	Registered Manager: Mrs Sinead Kerr- not registered
Person in charge at the time of inspection: Mrs Sinead Kerr	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: 46
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 28 September 2023 from 9.25am to 6.30pm 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.

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 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, "The home is excellent; I am looked after well." Another patient said, "I find the home great I am very happy with the staff."

Relatives were complimentary of the care provided in the home and spoke positively about the service provided within the home. Comments such as, "I can come and go as I please, staff are always pleasant," and, "It's great, there is enough staff."

Seven questionnaires were returned by relatives indicating they were mostly happy with the care provided in the home. Comments were received within one questionnaire in regard to the delay in the answering of call bells. All comments were passed to the manager for their review and action as appropriate. Call bell responses are further discussed in section 5.2.1.

Staff spoken with said that Prospect was a good place to work. Staff spoke about the good teamwork in the home and told us they felt well supported by the manager.

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 inspection on 13 November 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 14 (2) (a) (c) Stated: Second time	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.	Partially met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced this area for improvement was partially met and is stated for a third time. This is discussed further in section 5.2.3.	

Area for Improvement 3 Ref: Regulation 13 (7) Stated: Second time	<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: This area for improvement is met as stated.</p>	Met
Area for Improvement 4 Ref: Regulation 10 (1) Stated: Second time	<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: This area for improvement is partially met and is stated for a third time.</p> <p>This is discussed further in section 5.2.5.</p>	
Area for Improvement 5 Ref: Regulation 19 (5) Stated: First time	<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>Action taken as confirmed during the inspection: Observation on inspection evidenced this area for improvement was met.</p>	Met
Area for Improvement 6 Ref: Regulation 20 (1) (a) Stated: First time	<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>	Met

	Action taken as confirmed during the inspection: Observation on inspection evidenced that this area for improvement was met.	
Area for Improvement 7 Ref: Regulation 16 (1) Stated: First time	The registered person shall ensure that appropriate care plans are in place for patients that require bedrails. Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met.	Met
Area for Improvement 8 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that patient care plans and risk assessments are updated on a regular basis. Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was met.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: First time	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: <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. Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was not met and is discussed further in section 5.2.2. This area for improvement has not been met and has now been stated for the second time.	Not met

<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of records evidenced this area for improvement was partially met and is discussed further in section 5.2.2.</p> <p>This area for improvement has not been fully met and has now been stated for the second time.</p>	<p>Not met</p>
---	---	-----------------------

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.

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 compliance with mandatory training.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management.

Staff reported good teamwork and that they were satisfied with the staffing levels when planned staffing was adhered to. Staff were aware of the procedures for covering staff absences.

Patients spoke positively about the care that they received and most confirmed that staff attended to them in a timely manner; some patients told us, at times, they felt there was a delay in their call bell being responded to, this was also identified in a relative's questionnaire response. This was discussed with the manager and an area for improvement was identified.

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 confirmed that they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

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. An area for improvement was stated for a second time.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. A review of accident records evidenced that the post fall's observations were recorded in keeping with best practice guidance.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Although, two patients' pressure management care records reviewed had no frequency of repositioning documented. Repositioning records reviewed were not fully reflective of the repositioning care provided; this was discussed with the manager and an area for improvement was stated for a second time.

Deficits were identified in wound care records, for example, a care plan had not been updated to reflect the current dressing regime and gaps were evidenced in the ongoing assessment and evaluation records. This was discussed with the manager and an area for improvement was identified.

Discrepancies were noted in a patient's mobility risk assessment and care plan with regard to the equipment required for use. In addition, some care plans were found to be generic and had not been personalised for the patient. This was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The service of the lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. However, the lack of supervision of patients at times during the mealtime and the storage of some of the meals prior to serving was discussed with the manager and an area for improvement was identified.

Enhancement of the provision of modified meals was discussed with the manager who has arranged further training for staff in regard to this. This will be further reviewed at the next inspection. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food provision.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean and personalised with items of importance to each patient, such as family photos and sentimental items from home. Some of the rooms and ensuite bathrooms had areas of clutter in regards to the storage of items. This was discussed with the manager who agreed to address this.

Additional concerns were identified in relation to the cleaning of manual handling equipment between patient use. This was discussed with the manager and an area for improvement was identified.

Thickening agents were accessible in various of areas in the home such as dining room and in the upstairs kitchen, whereby, medicines were accessible also in a fridge. This was addressed by the manager and an area for improvement in regard to access to thickening agents was stated for a third time a new area for improvement was also identified.

There were systems and processes 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 personal protective equipment (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 however, some staff were observed to be wearing watches or jewellery and one was observed with nail varnish on. This was discussed with the manager and identified as an area for improvement.

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 whilst others preferred to sit in the lounge. Patients were observed to enjoy listening to music, reading newspapers/magazines and watching TV; while others enjoyed a visit from relatives.

The atmosphere throughout the home was warm, welcoming and friendly. Music was playing or TV's were on in the communal areas and patients were seen to be relaxed and content in their surroundings.

Staff were seen to effectively communicate with patients and to speak to them in a friendly and caring manner. It was obvious that staff were busy but they were observed to provide patients with assistance in a timely manner.

A two-week activity planner was available at the front entrance of the home and patients told us they were looking forward to a planned charity coffee morning that was taking place the following day.

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 a change in the management of the home since the last inspection. Mrs Sinead Kerr has been the manager since 24 January 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The audits were completed regularly, 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. Shortfalls in IPC practice, wound care and care record audits did not identify the deficits highlighted during the inspection. The enhancement of auditing processes was discussed with the manager and an area for improvement was partially met and has been stated for a third time.

Staff commented positively about the manager and described them as supportive and approachable. 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* the total number of areas for improvement includes two under regulation that have been stated for a third time; two under the standards stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sinead Kerr, 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(4) Stated: First 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: Third time To be completed by: Immediate action required	<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: Locked storage for thickening agents in place, all cleaning chemicals removed and stored in appropriate cupboard,</p>
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: Third time To be completed by: 30 January 2024	<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: Ipc audits carried out fortnightly. New wound audit devised and commenced Care records reviewed and updated to comply with current care needs of individuals. Appointment of 2 Senior Staff Nurses within the home, part of the senior role will be to assist with auditing process</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2024</p>	<p>The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Documentation updated to reflect current practice, New audits introduced and ongoing</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure there are safe systems in place for the storage of medicines. This is stated in reference but not limited to the access to the fridge.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff instructed to lock medicine fridge at all times, management will continue spot checks</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff remain bare below the elbow in areas where care is delivered; the wearing of jewellery and nail polish ceases with immediate effect in accordance with best practice guidance on infection prevention and control measures.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: Uniform and infection control policy sent to all staff reminding them not to wear jewellery etc... Management will monitor</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2023</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: 5.1 and 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Repositioning documentation updated to reflect individual patient's needs</p> <p>Careplans clearly identify patient's repositioning need and is reflected in the supplementary repositioning chart</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 28 January 2024</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: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Admission checklist for reference in place detailing assessments and Care plans required on initial admission</p> <p>Primary Nurses updated and full Careplan completed within 5 days of admissions</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that there is a system in place to monitor call bell response times and evidence actions taken if a delay is observed.</p> <p>Adequate supervision is evidenced for those patients unable to use the call bell effectively</p> <p>Ref: 4.0 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Response times monitored, delays and actions recorded. Staff made aware of importance of answering callbells promptly. Documentation updated to evidence patients unable to use call bell and increased supervision</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2024</p>	<p>The registered person shall ensure patient care plans are sufficiently detailed, patient centred and reflective of the patients' current mobility needs.</p> <p>Ref:5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Careplan and Recordkeeping training on 30/10/23</p>

	Primary Nurses allocated to review and update all careplans to reflect current needs of patient
Area for improvement 5 Ref: Standard 12 Stated: First time To be completed by: 28 January 2024	The registered person shall review the provision of meals to ensure patients are adequately supervised as per their care plan and ensure meals temperature is maintained prior to serving. Ref: 5.2.2
	Response by registered person detailing the actions taken: Mealtime audits to commence December 23 Staff Dysphagia training planned for January 24 Ongoing monitoring of meal consistency by Kitchen Manager and Staff Nurses Staff reminded to adhere to the individual patient's SALT guidelines which are accessible to all staff, to be aware that the addition of sauce or gravy will change a meals consistency and to be vigilant Provision of a heated storage trolley for meals to be kept at optimum temperature
Area for improvement 6 Ref: Standard 46 Stated: First time To be completed by: Immediate action required	The registered person shall ensure there is a system in place for the decontamination of manual handling equipment between patient use. Ref:5.2.3
	Response by registered person detailing the actions taken: Provision of cleaning material for staff to use to wipe equipment after each patient use. Robust cleaning schedules for manual handling equipment daily.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care