Inspection Report

3 March 2022

Queenscourt

Type of service: Nursing
Address: 36 Doagh Road, Ballyclare, BT39 9BG
Telephone number: 028 9334 1472

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

1.0 Service information

Organisation/Registered Provider: Manor Healthcare Ltd **Responsible Individual:** Mr Eoghain King	**Registered Manager:** Ms Louise Simpson – not registered
Person in charge at the time of inspection: Louise Simpson	**Number of registered places:** 43
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of residents accommodated in the residential care 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 43 persons with a learning disability. The home is a two story building; bedrooms are located on both floors. The lounges and dining room are situated on the ground floor. There is an enclosed patio area to the rear of the home and an enclosed seated area at the entrance for patients to enjoy outside space.	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2022, from 10:00 to 4:50pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The outcome of the inspection confirmed that the care in Queenscourt was delivered in a safe, effective and compassionate manner. Patients were happy to engage with the inspection process and share their experiences of living in the home and provided numerous examples of what they liked about it.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care. As a result of this inspection four areas for improvement were identified in respect of the provision of domestic staff, the management of pressure relief, the displaying of patient information and exploring any gaps in employment history.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the 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. No responses were received following the inspection.

At the end of the inspection the Responsible Person and Manager was provided with details of the findings.

4.0 What people told us about the service

Eight patients and six staff were spoken with individually. The patients provided numerous examples of what they liked about living in the home and were well informed about what was happening. The local Gateway club were recommencing their meeting on the night of the inspection; patients were looking forward to attending. They told us about the new activity leader, many of them referred to her by name and were aware of when she was next of duty. It was obvious from the interactions between patients and staff that they were familiar with each other; patients smiled when they talked about staff.

Due to the nature of some patients' condition they found it difficult to share their thoughts on their life in the home. However all of the patients were well presented with good detail to their dress and appearance. Patients were relaxed in the company of staff and when asked if they were warm and comfortable they told us they were.

Staff spoke confidently about patients' needs and demonstrated a good understanding of their individual wishes and preferences. Staff were also complimentary regarding the activity leader and the value she brought to the patients' day to day life.

No relatives were visiting during the inspection. Questionnaires were provided in an attempt to gain their opinion but none were returned. Compliments regarding the standard of care and the attitude of staff had been received by the manager and were recorded.

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 19 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14(2)(c) **Stated:** First time	The registered person shall ensure that risk assessments are completed for the storage of toiletries and creams in patients' bedrooms to ensure they as stored in a safe manner.	**Met**
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met. No issues were identified with the storage of toiletries and creams during this inspection.	
Area for improvement 2 **Ref:** Regulation 18(2)(n)(i) **Stated:** First time	The registered person must ensure that a programme of activities to provide purpose and meaning to the patients' day is put in place without delay.	**Met**
	A programme of activities, providing group and one to one events was in place. Patients were well informed of the type of activities planned and when the Activity Leader was next on duty. This area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 35.9 **Stated:** First time	The registered person shall ensure that RQIA are informed of all head injuries.	**Met**
	Action taken as confirmed during the inspection: A review of records confirmed that notifications are now received for head injuries. This area for improvement has been met.	

Area for improvement 2 **Ref:** Standard 4.7 **Stated:** First time	The registered person shall ensure that care plan evaluations include a review of the patient's condition and conclude if their needs are being met by the current plan.	**Met**
	A review of care records evidenced that this area for improvement has been met. This area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a system in place to ensure staff were safely recruited prior to commencing work. Any gaps in employment should be explored and explanations recorded; this was identified as an area for improvement. Staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when. Prior to the inspection the Manager had identified a reduction in staff compliance with e learning courses; action had been taken and the Manager was monitoring the completion rate.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live. Recently recruited staff were supported to complete their registration within the appropriate timeframe.

The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. It was observed that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The staff required to provide one to one support to identified patients were rostered in addition to the core staff team.

Staff were satisfied that when the current staffing provision was provided it was sufficient to meet the needs of the patients. There was evidence that where staff reported sick reasonable efforts were made to replace staff. Staff demonstrated a good understanding of patients' individual wishes and preferences. Staff providing one to one support were knowledgeable of the individual needs and behaviours of the patients in their care. They confirmed that, as far as was practically possible, the structure of the day was determined by the individual patients' preferences and likes.

Patients told us that the staff helped them throughout the day. Patients knew staff by name; their interactions were familiar, comfortable and unhurried. Patients shared their experiences of living in the home freely in the company of staff.

Additional staff were also rostered to undertake catering and cleaning duties. A review of duty rosters evidenced that there was a deficit of domestic staff on a number of weekends. This was discussed with the Responsible Individual (RI) and the manager who advised that recruitment was ongoing but had been challenging. Whilst no issues were identified with the cleanliness of the home during this inspection the continued lack of domestic staff at the weekends has the potential to impact on the overall cleanliness of the home; therefore a contingency plan must be put in place to provide domestic cover each weekends until permanent staff are recruited. This was identified as an area for improvement.

5.2.2 Care Delivery and Record Keeping

Systems were in place to ensure that patients' needs were communicated to staff and observations confirmed that care was being delivered effectively to meet the needs of the patients. Patient information displayed on the board in the nursing office should be reviewed to ensure patient confidentiality and dignity is not compromised. This was identified as an area for improvement.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded; the repositioning chart of one patient evidenced that they were not assisted to change their position in accordance with the frequency in their care plan. This was identified as an area for improvement. Patients with wounds had these clearly recorded in their care records. Records were maintained of the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall was reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Incident reports were completed following any altercation between patients. Records evidenced that generally care plans for challenging behaviour where reviewed following incidents in an attempt to identify any triggers to the incident and minimise the risk of further episodes; this is good practice.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch; there was a lively atmosphere and patients were well informed of the menu on offer. The meals served were home cooked and smelt and looked appetising. Patients told us they enjoyed their lunch and that the food was always good. A number of patients required to have the texture of their meals modified to help with swallowing difficulties; these meals were served appropriately. Patients were provided with

an appetising meal and staff strived to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished and comfortable.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out regularly.

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

Arrangements were in place for visiting and care partners. Staff spoke positively of the support and enjoyment provided to the patients by having care partners and families visiting again. Precautions such as temperature checks, completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

Patients participated in the regional monthly Covid-19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Residents

Staff supported patients to be actively involved in making positive decisions about their care, for example how to spend their day, participation in activities, positive and respectful interactions with fellow patients and with food choices at mealtimes.

Some patients were able to structure their day independently deciding where to spend their day, move around the home as they decided, watch television or engage in activities such as jigsaws or art; others required support from staff to enable them to enjoy an orderly structure to their day.

A new activity co-ordinator had recently been appointed.: as a previous member of care staff they were familiar to the patients and many of them referred to her by name The Manager explained it is a full time post with their hours structured to provide activities at the weekend and in the evenings as needed in response to patients' needs. The Activity leader as not on duty on the day of the inspection however patients knew when they were back on duty and what activities were planned. Some patients chose to spend some of their day in the activity room. A selection of patients' art projects were displayed in the activity room; one patient proudly showed the inspector his work; it was obvious from his behaviour how proud he was of his work and the sense of pride it gave him being able to show it.

The home is currently participating in the “My Home Life” project which aims to deliver positive changes to the lives of patients through the completion of a quality improvement initiative.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day. They were observed to be prompt in recognising patients’ needs, skilled in communicating with them and were respectful of their needs and wishes.

5.2.5 Management and Governance Arrangements

There have been changes to the management arrangements in the home since the previous inspection. There were temporary management arrangements in place and these have now been confirmed as permanent. The requirement to register as a manager with RQIA was discussed with the Responsible Individual (RI) and the Manager at the conclusion of the inspection.

The current manager is supported on a day to day basis by the RI who is in the home daily, was present throughout the inspection and knowledgeable of the day to day running of the home. Patients were familiar with the management team and some referred to them by name.

The service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home’s safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Regular audits were completed of hand hygiene practices, the environment, accidents and incidents and care records.

There was a system in place to manage complaints; complaints received, alongside the action taken, were recorded. Records were also maintained of compliments received about the home. In one recent compliment from a visiting healthcare professional staff were complimented on their knowledge of patients, with their attitude and approach to the patients described as “respectful”.

An independent consultant undertakes an unannounced visit each month, on behalf of the RI, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of the visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. As required the reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

7.0 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).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Eoghain King Responsible Person and Louise Simpson, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 20(1)(a) **Stated:** First time	The Registered Person shall ensure that a contingency plan is put in place to provide domestic cover each weekend until permanent staff are recruited. Ref: 5.2.1
To be completed by: Immediate from the day of the inspection.	**Response by registered person detailing the actions taken:** Domestic appointed on a tempory basis until permanent cover is appointed. Hours allocated 07:30 - 13:00 Saturday and Sunday.
Area for improvement 2 **Ref:** Regulation 12(1)(a) **Stated:** First time	The Registered Person shall ensure that patients are assisted to change their position in accordance with the frequency in their care plan. Ref: 5.2.2
To be completed by: Immediate from the day of the inspection.	**Response by registered person detailing the actions taken**: Staff have been reminded of the importance of ensuring residents are repositioned as per care plan and ensuring documentation is completed. Home Manager/Deputy Manager will carryout daily checks to ensure this is being completed Senior care Assistants to check paperwork at end of each shift
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 **Ref:** Standard 5.8 **Stated:** First time	The Registered Person shall ensure that the patient information displayed on the board in the nursing office is reviewed to ensure patient confidentiality and dignity is not compromised. Ref 5.2.2

To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Information recorded on this board has been transferred to a new board which is visible only to staff. Full names will not be used, and any information in breach of confidentiality will not be displayed and instead be handed over verbally at staff handover.
Area for improvement 2 **Ref:** Standard 38.3 **Stated:** First time **To be completed by:** Immediate from the day of the inspection.	The Registered Person shall ensure that as part of the recruitment process any gaps in employment are explored and explanations recorded Ref: 5.2.1
	Response by registered person detailing the actions taken: All applicants to have a full employment history documented on application form and/or any gaps in employment fully explanied before commencement of employment within Queenscourt.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care