



Unannounced Follow-up Care Inspection Report

16 January 2019



Queenscourt

Type of Service: Nursing Home (NH)
Address: 36 Doagh Road, Ballyclare BT39 9BG
Tel No: 02893341472
Inspector: Sharon McKnight

www.rqia.org.uk

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 43 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd	Registered Manager: See below
Responsible Individual: Eoghain King	
Person in charge at the time of inspection: Registered Nurse Martin Taylor 09:45 – 14:00 Manager Geraldine Borelan – 14:00 – 16:00	Date manager registered: Geraldine Borelan – Acting – No application required
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 43

4.0 Inspection summary

An unannounced inspection took place on 16 January 2019 from 09:45 to 16:00 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 assessed progress with the areas for improvement identified during and since the last care inspection.

The inspection focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last care inspection on 21 November 2018 and discussed at the serious concerns meeting of 27 November 2018.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5*	4*

*The total number of areas for improvement include four which have been stated for a second time and two which have been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Geraldine Borelan, manager and Eoghain King, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection on 21 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 21 November 2018. As a result of this inspection, RQIA was concerned that insufficient progress had been made with improvements to the environment identified during an inspection undertaken on 12 June 2018. Concerns were also identified with the lack of effective managerial monitoring and governance arrangements in the home. A serious concerns meeting with the responsible person took place at RQIA on 27 November 2018. At this meeting the responsible person acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were provided with the appropriate assurances and a decision was made to allow the responsible person more time to make the necessary improvements. A further inspection was scheduled to validate compliance with the identified areas for improvement.

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

During the inspection the inspector met with all of the patients in groups and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 30 December 2018 – 19 January 2019
- duty rota for domestic staff from 23 December 2018 – 19 January 2019
- five patient care records
- a sample of governance audits
- 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 21 November 2018.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 November 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	
Area for improvement 1 Ref: Regulation 27 (1) and (2) (b) (c) (d) Stated: Second time	<p>The registered person shall ensure that a full audit of the home is carried out which effectively identifies damage to the premises and equipment and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection:</p> <p>At the meeting on 27 November 2018 the responsible person submitted an updated action plan which included timescales and responsibility for implementation of the action plan. A review of the home's environment evidenced a significant amount of refurbishment has been completed. A plan was in place to ensure the remainder of the work is completed. It was agreed that the responsible person would submit an updated action plan to RQIA. This area for improvement is assessed as partially met and is stated for a third and final time.</p> <p>Improvements to the environment are further discussed in Section 6.3.</p>	Partially met

Area for improvement 2 Ref: Regulation 27 (1) and (2) (l) Stated: Second time	<p>The registered person shall ensure that there is suitable storage provision for the purposes of the home.</p> <p>Action taken as confirmed during the inspection: We observed that areas thought out the home had been cleared and that equipment was stored appropriately. The responsible person explained that when the current phase of refurbishment is complete they will review the provision of storage again with view to finding a long term solution. This area for improvement has been met.</p>	Met
Area for improvement 3 Ref: Regulation 18 (1) (2) Stated: Second time	<p>The registered person shall ensure that a full audit is carried out of all bedrooms and communal areas which effectively identifies damaged and worn furniture and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection: At the meeting on 27 November 2018 the responsible person submitted an updated action plan which included timescales for the replacement of new furniture in lounges and bedrooms throughout the home. A review of the home's environment evidenced a significant amount of furniture has been replaced. A plan was in place to ensure the remainder of the work is completed. It was agreed that the responsible person would submit an updated action plan to RQIA. This area for improvement is assessed as partially met and is stated for a third and final time. Improvements to the environment are further discussed in Section 6.3. </p>	Partially met
Area for improvement 4 Ref: Regulation 13 (7) Stated: Second time	<p>The registered person shall ensure that the governance arrangements in the home are reviewed to ensure that areas of concern with the environment and infection control are effectively identified and that actions are taken to address these in a timely manner.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that the governance arrangements in the home had been reviewed and audit records further developed. A review of audit records evidenced a tool was now in place to identify any areas of concern with the environment and infection control. This area for improvement has been met.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there must be sufficient staff on duty to meet the assessed needs of the patients.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rosters evidenced that the planned staffing levels were not consistently adhered to. There was no system in place to determine how many staff were required to meet the needs of the patients or to provide assurances that the current staffing levels were sufficient. This area for improvement has not been met and is stated for a second time.</p> <p>Staffing is further discussed in Section 6.3.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13(1)(b)</p> <p>Stated: First time</p>	<p>The registered person must make proper provision for the supervision of patients. Where patients are assessed as requiring one to one supervision additional staff must be rostered to ensure this level of supervision is provided.</p> <p>Action taken as confirmed during the inspection:</p> <p>There were no patients currently funded by the local health and social care trusts for one to one supervision. However discussion with staff and a review of the allocation sheet evidenced that one to one supervision was provided for one patient at mealtimes. No additional staff were rostered for this supervision. This area for improvement has not been met and is stated for a second time.</p> <p>The supervision of patients is further discussed in Section 6.3.</p>	<p>Not met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.7 Stated: Second time	<p>The registered person shall ensure that there is evidence in the care plans of ongoing and timely review in accordance with the home's policy to ensure the care plans are reflective of the patient's needs.</p> <p>Action taken as confirmed during the inspection: A review of five patients care plans evidenced that three had been reviewed regularly. The manager and registered nurse on duty confirmed that improvement work was ongoing with care records. We were satisfied that systems were in place to ensure that all care plans would be reviewed on an ongoing and timely basis in accordance with the home's policy. This area for improvement has been met.</p> <p>A further area for improvement has been made in regard to the auditing of care records to ensure that the improvements made to the care plans are applied to all care plans and sustained over time.</p>	Met
Area for improvement 2 Ref: Standard 46 Stated: Second time	<p>The registered person shall review the current environmental audit to ensure that this effectively meets the standard. It should clearly specify the area/s of the home reviewed at the audit and ensure that any deficits are recorded with evidence that these have been addressed.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and a review of records evidenced that a new audit record had been implemented to clearly specify the area/s of the home reviewed at the audit and ensure that any deficits were recorded. During the refurbishment work no environmental audits were completed. The manager had an audit plan in place to commence after the refurbishment work was complete. The manager was knowledgeable of the need to ensure that any deficits recorded are reaudited to ensure the necessary improvements were made. This area for improvement has been met.</p>	Met

Area for improvement 3 Ref: Standard 41.2 Stated: First time	<p>The registered person shall ensure that the manager has oversight of the staffing rosters to ensure that the required staffing levels are consistently adhered to.</p> <p>Action taken as confirmed during the inspection: There has been a change of manager since the previous inspection. The duty rosters reviewed were signed by the current manager to confirm that they had reviewed the staffing. The manager explained her processes for maintaining oversight of staff and was knowledgeable of staffing and when deficits had occurred with the planned staffing and the reasons for this. This area for improvement has been met.</p>	Met
Area for improvement 4 Ref: Standard 41.9 Stated: First time	<p>The registered person shall ensure that the provision of domestic staff is reviewed to ensure that standards relating to the cleanliness of the environment are fully met.</p> <p>Action taken as confirmed during the inspection: A review of the duty roster for the period 23 December 2018 – 19 January 2019 evidenced that there has been no sustained increase in the provision of domestic staff. The responsible person explained that there is ongoing recruitment for domestic staff. Discussions are also ongoing with current staff to increase contracted hours. This area for improvement has not been met and is stated for a second time.</p>	Met
Area for improvement 5 Ref: Standard 41.9 Stated: First time	<p>The registered person shall ensure that cleaning schedules are put in place to evidence that all areas of the home are cleaned regularly.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and domestic staff confirmed that work had commenced on drawing up cleaning schedules. A sample of cleaning schedules was received by e mail following the inspection. This area for improvement is assessed as partially met and is stated for a second time.</p>	Partially met

Area for improvement 6 Ref: Standard 41.9 Stated: First time	<p>The registered person shall ensure that the serving of meals is reviewed to ensure that individual needs and preferences are considered and that food is served in accordance with food safety guidance.</p> <p>Action taken as confirmed during the inspection: Observation of the serving of meals evidenced that meals continue to be plated at the beginning of the first sitting and reheated as required. After reheating the temperature of a sample of meals are checked and recorded. The cooks explained that, in the absence of a bain marie, they were unable to keep the food warm; this opinion was shared with the manager and responsible person during feedback. This area for improvement has not been met and is stated for a second time.</p>	Not met
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6.3 Inspection findings

Environment

Reviewing the action plan demonstrated that a significant amount of improvement works have been carried out. The majority of bedrooms requiring improvement have been redecorated with new flooring, vanity units and furniture. The new décor has created modern, bright bedrooms which have been personalised with the patients possessions. New furniture was available in the home for those rooms yet to be redecorated.

A number of bathrooms throughout the home have been modernised to provide bright, clean modern wet rooms. Previously tiled walls had been refurbished with pvc panels which are easier to maintain and clean promoting better infection control. The uncluttered rooms provided good space for staff to assist patients with showering needs. Work was ongoing in two further shower rooms to upgrade these rooms. Toilets throughout the home had also been refurbished; the cubicle doors in one toilet has been removed to create a toilet space that was now accessible for patients who were independent and also for those the patients who required additional support.

New furniture had been provided in the three lounges and the sun lounge, replacing the worn and damage chairs and settees. These improvements have been warmly welcomed by patients and staff.

Ongoing issues remain with the dining room flooring. This floor is washed on a daily basis and receives regular industrial cleaning however due to the colour and texture it often does not look clean and easily discolours. Changing this flooring will be completed after this phase of environmental improvements.

Given the level of compliance with the action plan, and the high standard to which the work has been completed, it was agreed that the area for improvement made as result of the inspection on 12 June 2018 will be stated for a third and final time. It was also agreed that the current action plan would be revised and resubmitted to RQIA with final dates for completion of the work. A further inspection will be scheduled to validate full compliance with the areas for improvement.

One bedroom door was propped open by a patient who, at times, likes to have the door open. It was recommended that although self-closure devices were being used that the use of a suitable electro mechanical hold open device should be considered. This was identified as an area for improvement

Staffing

A review of the duty rosters for the period 30 December 2018 to 19 January 2019 evidenced that on six shifts out of 36 the planned staffing levels were not adhered to. The inspector was assured that the manager had attempted to arrange cover for short notice sick leave however this was not always possible. The need to ensure that there are sufficient staff on duty to meet the assessed needs of the patients has been restated for a second time

We discussed with the manager and the responsible person how the number of staff required was determined and how they assured themselves that the current staffing levels were appropriate. A dependency tool was completed for each patient; however the current tool focused solely on the physical needs of the patients. Following discussion it was agreed that the manager would research/identify a new dependency tool which would consider all of the needs of the patients and not just their physical needs. Implementation of such a tool will provide assurance regarding appropriate staffing levels.

On the inspection it was noted that one to one supervision was being provided for one patient at mealtimes. No additional staff were rostered for this supervision. This was as an area for improvement following an inspection on 21 November 2018 and is now stated for second time. There is also a need for clear guidance or policy stating explicitly how one to one supervision is assessed and procured from the Trust. This was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified with the standard of the refurbishment work made to the environment throughout the home.

Areas for improvement

Areas for improvement were made with regard to the type of self-closure devices on bedroom doors and a policy for one to one supervision.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Borelan, manager and Eoghain King, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

Area for improvement 1 Ref: Regulation 27 (1) and (2) (b) (c) (d) Stated: Third time To be completed by: 27 February 2019	<p>The registered person shall ensure that a full audit of the home is carried out which effectively identifies damage to the premises and equipment and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: A full audit of the home has been completed including timescales for completion of works, and this has previously been submitted to the RQIA. As cited in the body of this report progress has been made in respect of this plan. It is anticipated that these works will be completed by the end of May 2019. Thereafter an ongoing environmental audit shall be put in place to address ongoing matters.</p>
Area for improvement 2 Ref: Regulation 18 (1) (2) Stated: Third time To be completed by: 27 February 2019	<p>The registered person shall ensure that a full audit is carried out of all bedrooms and communal areas which effectively identifies damaged and worn furniture and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: The scheduled refurbishment of works within the bedrooms of the home has been completed. An ongoing environmental audit will be completed to ensure that items of furniture and communal areas shall be completed and any matters arising, shall be addressed in a timely fashion.</p>
Area for improvement 3 Ref: Regulation 20(1)(a) Stated: Second time To be completed by: 27 February 2019	<p>The registered person shall ensure that there must be sufficient staff on duty to meet the assessed needs of the patients.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Unable to source a dependency level for Learning Disability patients. The Rhys Hearn dependency level was completed using medium and high dependency. A review of the dependency levels total care hours has been completed weekly with action taken to prevent any deficits.</p>

Area for improvement 4 Ref: Regulation 13(1)(b) Stated: Second time To be completed by: 27 February 2019	<p>The registered person must make proper provision for the supervision of patients. Where patients are assessed as requiring one to one supervision additional staff must be rostered to ensure this level of supervision is provided.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: At present we have no residents who require one to one supervision.</p>
Area for improvement 5 Ref: Regulation 27(4)(b) Stated: First time To be completed by: Immediate from the day of inspection	<p>The registered person shall ensure that, where there is an operational need for a fire door to be held open, it is held open by means of a suitable electro-mechanical hold open device linked to the premises fire detection and alarm system.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken Completed and in operation.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41.9 Stated: Second time To be completed by: 13 February 2019	<p>The registered person shall ensure that cleaning schedules are put in place to evidence that all areas of the home are cleaned regularly.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken New improved cleaning schedules are in place since 17th January 2019, and reviewed as per home managers monthly audit.</p>
Area for improvement 2 Ref: Standard 41.9 Stated: Second time To be completed by: 13 February 2019	<p>The registered person shall ensure that the serving of meals is reviewed to ensure that individual needs and preferences are considered and that food is served in accordance with food safety guidance.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Residents meal times discussed at staff meeting on 24.01.19. Registered provider is aware of the outcome of the meeting and is sourcing a Bain Marie. It is anticipated that the Bain Marie shall be delivered by the end of April 2019.</p>

Area for improvement 3	The registered person shall ensure that care records are audited regularly to confirm that the improvements made to the care plans are applied to all care plans and sustained over time.
Ref: Standard 4 Stated: First time	Ref: Section 6.2
To be completed by: 13 February 2019	<p>Response by registered person detailing the actions taken: Care Plan audits continue. Last audit completed on the 5th February 2019. Yearly planner is currently being drawn up to include all care plans.</p>
Area for improvement 4 Ref: Standard 36 Stated: First time To be completed by: 13 February 2019	<p>The registered person shall ensure that a guidance policy is drawn up to direct staff in the assessment process and the procurement of staff for patients who are identified as requiring one to one supervision.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: A guidance policy document has been drawn up to direct staff in the assessment process and procurement of staff for patients who are identified as requiring one to one supervision.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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