

Inspection Report

19 May 2021



Queenscourt

Type of service: Nursing

Address: 36 Doagh Road, Ballyclare, BT39 9BG

Telephone number: 028 9334 1472

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

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Mr Eoghain King	Registered Manager: Mrs Diana Mos Date registered: 06/03/2020
Person in charge at the time of inspection: Mrs Diana Mos	Number of registered places: 43
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 37
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.	

2.0 Inspection summary

An unannounced inspection took place on 19 May 2021 from 10:10 am to 4:15pm by care inspectors.

Concerns had been shared by the NHSCT in relation to recent incidents. In response an inspection was scheduled to assess if care was safe, effective, compassionate and well led. Progress with the areas for improvement identified at the last care inspection were also assessed.

The outcome of the inspection confirmed that the care in Queenscourt was delivered in a safe, effective and compassionate manner. Patients were happy and comfortable and well supported by staff to meet their physical needs. 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. Risk assessments for the storage of cream and toiletries need to be completed and a programme of activities provided. RQIA must be notified of all head injuries and improvements are required with the quality of the evaluation of care plans.

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 information held by RQIA about this home was reviewed. 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.

A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager and Responsible Individual were provided with details of the findings.

4.0 What people told us about the service

We spoke with all of the patients and seven staff. Patients told us that they were happy and that staff were friendly and helped them; they smiled when they talked about the staff. Patients said they enjoyed the food and we saw that the dining experience was unhurried and social. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable of patients non-verbal cues and what they were trying to communicate.

Staff told us there was good team work between staff and that they felt well supported by the manager. Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences. The activity leader post was vacant at the time of the inspection. In learning disability services activities often provide more than a social event; they often provide distraction and stimulation which can reduce the risk of patients displaying negative behaviours as a result of boredom. It was good to note that, following the inspection, confirmation was received that an activity leader had been appointed.

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 22/10/2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 39 Stated: Second time	The registered person shall ensure that additional training to enhance staff current knowledge and understanding of supporting people with a learning disability is provided.	Met
	Action taken as confirmed during the inspection: The manager confirmed that training was arranged for two dates in June. Confirmation that training had taken place was received following the inspection.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

The Manager told us the number of staff required daily to meet the needs of the patients. Observations confirmed 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. Additional staff were rostered to provide one to one supervision with identified patients. Staff were satisfied with the number of staff on duty.

The Manager confirmed that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients continued to be met.

Staff had undertaken a range of training to support them in role within the home. Records were in place to assist the Manager in monitoring who completed which training and when. Staff also received regular supervision and appraisal which provided support and identified opportunities to develop their knowledge and competencies further.

Patients told us that the staff were kind and helped them with everything they needed during the day. Some patients knew the staff by name; their interactions were familiar, comfortable and unhurried. Staff spoke compassionately about patients' needs and the frustration some patients had when trying to make their needs known. Staff demonstrated a good understanding of patients' individual wishes and preferences.

The evidence reviewed provided assurances that staffing was safe.

5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. The manager displayed a sound understanding of her role and responsibilities regarding safeguarding. There was evidence that incidents were reported to the local Trust and there was ongoing partnership working with the Trust and timely action taken when necessary to ensure patients were kept safe. There was evidence that staff proactively raised concerns to the management and these were acted upon in a timely manner.

A report of safeguarding activity for the previous 18 months was completed in May 2021. The report included a review of notifications to the appropriate bodies and any follow up action taken.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed good compliance with annual training. Staff were knowledgeable about reporting concerns of patients' safety and/or poor practice. They were confident that any concerns brought to the attention of the manager would be listened to and appropriately managed.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The manager contacted the relevant health and social care Trust when required to ensure that the necessary safeguards and records were in place. Restrictive practices and the rationale for their use were clearly recorded in patients' care records.

There was evidence that processes were in place to ensure patients were kept safe.

5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?

The home was warm, clean and fresh smelling throughout. Patients' bedrooms were personalised with items important to them and reflected their likes and interests. The need for ongoing repair and maintenance of the environment was identified in a number of areas; the manager explained that there was a continuing refurbishment programme in place to address the issue however progress in some areas was slower than usual due to the global pandemic. The storage of creams and toiletries in one bedroom was discussed; risk assessments should be completed to ensure they are stored safely. This was identified as an area for improvement.

A passenger lift, which patients can operate independently, provided them with access to their bedroom and the activity room when they needed it. The activity room was a favourite location for many of the patients. Numerous examples of patients' art work were on display in the activity room; patients were proud of the projects they had been involved in and the work they had produced. The absence of an activity leader was noted and concerns in this regard are discussed further in section 5.2.7.

In conclusion the home's environment was warm, clean and comfortable for patients to live in.

5.2.4 How does this service manage the risk of infection?

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for patients to be visited by family and friends; the Manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and 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. The Manager was aware of their responsibility to ensure an outbreak of infection was reported to the Public Health Authority (PHA).

Appropriate precautions and protective measures were in place to manage the risk of infection.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.

Staff confirmed that they received an update on any changes in the needs of the patients at the beginning of each shift. Staff were knowledgeable and familiar with individual patients' needs, their daily routine, wishes and preferences.

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they assisted them with care. For example, when they realised that a patient needed a change of clothes; they took prompt action to ensure the patient was given the care required in a discreet and thoughtful manner. Offers of assistance to the toilet were made quietly to the patient. If patients became upset or distressed in their surroundings staff responded in a quiet, calm manner.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were not consistently informed of head injuries; this was identified as an area for improvement.

Patients' nutritional needs were kept under review; weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet. The majority of patients came to the dining room for their lunch; there were two sittings to ensure the dining room was not overcrowded and to ensure that the patients were assisted by staff in a timely manner. The menu was displayed in pictorial form and accurately reflected the meal served. It was observed that patients enjoyed their meal and their dining experience. Patients told us they enjoyed their lunch and that the food was good. A number of patients required to have the texture of their meals modified to help with swallowing difficulties; the consistency of the vegetables served was discussed. The manager agreed to seek clarity from the Speech and Language Therapist.

In conclusion, 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.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

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. A care plan was needed for a patient with a sore on their hand; this was discussed with the nurses who agreed to put a plan in place.

Care records were well maintained with patients' individual likes and preferences reflected throughout. Care plans were detailed and contained specific information on each patients' care needs. There were inconsistencies with the evaluation of care records. The records were regularly reviewed but only some of the evaluations of care plans included good detail of the patient's condition. This was identified as an area for improvement.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Patients care records were held confidentially.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that provided details of the care each patient required and were reviewed regularly. Compliance with the required area for improvement will strengthen the quality of the care records.

5.2.7 How does the service support patients to have meaning and purpose to their day?

Staff supported patients to make choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Some individual patients were engaged in personal activities, such as building jigsaws, watching TV or art work. Short bus runs were also arranged daily. There was no structured activity programme in place; which resulted in the majority of patients having limited opportunities for fulfilment throughout the day. The Manager spoke of the recent challenges in appointing an activity leader; they explained that an offer of employment has been made to fill the vacant post. In the interim a programme of activities to provide purpose and meaning to the patients' day must be put in place without delay; this was identified as an area for improvement. It was good to note that, following the inspection, confirmation was received that an activity leader had been appointed.

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 and any signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful and sensitive to their needs.

In conclusion staff supported patients throughout the day with their physical and emotional needs; the provision of a programme of activities will provide patients with opportunities to have greater meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

There have been no changes to the management of the home since the last inspection. Mrs Mos has been the manager since March 2020. Patients were familiar with the manager and many referred to her by name. It was obvious from the manager's interaction with the patients that she was familiar with them.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

An independent consultant undertook an unannounced visit each month, on behalf of the registered provider, to examine all areas of the running of the home. Over the past months these visits had been completed virtually due to the global pandemic. In-house visits have recommenced from April 2021. A report of the outcome of each visit was completed; where action plans for improvement were put in place, these were reviewed at the subsequent visit.

In conclusion the service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in Queenscourt was delivered in a safe, effective and compassionate manner with good leadership provided by the manager.

Staff responded to the needs of the patients in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. Patients told us that the staff were kind and helpful. Staff interactions with patients were familiar, comfortable and unhurried.

As a result of this inspection four areas for improvement were identified. Risk assessments for the storage of cream and toiletries need to be completed and a programme of activities provided. RQIA must be notified of all head injuries and improvements are required with the quality of the evaluation of care plans.

7.0 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 Department of Health, Social Services and Public Safety (DHSSPS) 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 Mrs Diana Mos, manager and responsible individual Mr Eoghain King, 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 14(2)(c) Stated: First time To be completed by: 16 June 2021	<p>The registered person shall ensure that risk assessments are completed for the storage of toiletries and creams in patients' bedrooms to ensure they are stored in a safe manner.</p> <p>Ref: 5.2.3</p>
	Response by registered person detailing the actions taken: Risk assessment completed for all the residents.
Area for improvement 2 Ref: Regulation 18(2)(n)(i) Stated: First time To be completed by: Ongoing from the date of the inspection	<p>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.</p> <p>Ref: 5.2.7</p>
	Response by registered person detailing the actions taken: Activity co-ordinator and staff are carrying out activities with the residents every day. New program has been put in place.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35.9 Stated: First time To be completed by: Ongoing from the date of the inspection	<p>The registered person shall ensure that RQIA are informed of all head injuries.</p> <p>Ref: 5.2.5</p>
	Response by registered person detailing the actions taken: All staff are aware of the reporting procedure regarding head injuries.

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. Ref: 5.2.6
To be completed by: 16 June 2021	Response by registered person detailing the actions taken: Completed and this is an ongoing effort to ensure the care plans and risk assessments are up to date and accurate.

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



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](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care