



Unannounced Care Inspection Report

21 June 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 from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 43 people with a learning disability.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: See below
Person in charge at the time of inspection: Diana Moss	Date manager registered: Diana Moss – Application to be completed
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 21 June 2019 from 11.00 hours to 15.00 hours.

This inspection was undertaken by the care inspector to assess the progress made with the refurbishment plan submitted following the inspection on 22 November 2019.

The inspection assessed progress with 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.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was well maintained, homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

No areas for improvement were identified as a result of this inspection.

Patients told us they were happy living in the home. Comments received from them are included in the main body of this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Eoghain King, Responsible Person and Diana Moss, Manager as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 16 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- duty rota for all staff from 2 – 22 June 2019
- cleaning schedules
- a sample of governance audits/records
- a sample of the monthly monitoring reports

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

There were no areas for improvement identified as a result of the last estates inspection.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.2.1 Environment

A full audit of the home's environment was undertaken by the manager and responsible person following the inspection on 21 November 2018. An action plan was generated and a copy provided to RQIA. Significant progress had been made with the identified refurbishment by the time of the inspection completed on 16 January 2019. It is good to note that the majority of the outstanding work has now been completed. The recently appointed manager audits the environment monthly. We were satisfied that these recently implemented governance arrangements/auditing will ensure that any outstanding work will be completed within the timeframes identified.

The current auditing processes evidenced that the condition of the environment is being monitored monthly and any remedial work identified. Given the significant improvements made to the environment this regular auditing will ensure that the environment is maintained to the high standard which has been achieved through the recent refurbishment.

The home was clean and fresh smelling. The manager confirmed that the cleaning routines in the home have recently been reviewed and schedules put in place to ensure that all areas of the home are regularly attended to.

We saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. No issues were observed with fire safety. The access to fire escapes was clear. The need for a hold open device was identified for one patient during the previous inspection. We observed that a suitable device, linked to the fire alarm, has now been fitted to the patient's bedroom door; this allows him to have his bedroom door safely open when he is in his bedroom.

6.2.2. Staffing

A system was in place to identify staffing levels to meet the patient's needs. A review of the staff rotas for the period 2 – 22 June 2019 confirmed that the staffing numbers identified by the manager were consistently provided. We discussed the management of absenteeism and were informed that the manager was supported by the company's human resources staff with return to work interviews and monitoring. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients. On each shift there were registered nurses and care staff rostered.

We discussed the provision of staff for any patients who required one to one supervision. The manager has a clear understanding that staff required to provide one to one supervision were in addition to the number of staff required to meet the overall needs of the patients. A review of the rotas confirmed that additional staff were rostered to provide one to one supervision. A policy was now in place to direct staff in the assessment process and the procurement of staff for patients who are identified as requiring one to one supervision.

All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day, including who was participating in which activities. Staff told us that there were clear working arrangements for the sharing of the needs of the patients between staff. Patient care was discussed at the beginning of each shift.

Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient. Staff were also aware of potential clashes of personalities between the patients and the need to provide discreet diversions on occasions.

6.2.3 Patients' views

Patients spoken with were familiar with the staff, calling many of them by their name. They were also well informed of when the activity leader was on duty. The first thing a number of patients told us was that she was due on duty at 2pm on the day of the inspection. All of the patients were looking forward to her arrival and the afternoon activities.

It was obvious from patients' behaviour that they were happy and content in the home.

Patients told us the following:

"It's good to live here."

"I love Pat's room, we do good things."

"I like it here."

"This is my home."

"I like my room, I can watch TV."

6.2.3 Serving of lunch

We observed the serving of lunch in the dining room. Patients were assisted to the table in timely manner before the serving of lunch. Staff were present throughout the meal to provide assistance and reassurance as required. Lunch is served over two sittings. Since the previous inspection a heated trolley, with a bain-marie, has been purchased; meals are now plated individually and served directly to the patients. Kitchen staff told us that as they plate the meals they can now adjust meals and portion sizes in response to patients' preferences and individual need.

6.2.4 Management and governance arrangements

Since the previous inspection a new manager has been appointed. They spoke enthusiastically about the patients and staff and their role in the home. Staff told us they felt supported by the manager and that they were approachable and available regularly to speak with.

The manager confirmed that there was good support from the responsible individual (RI) and an external management consultant. They are currently enrolled in a management programme specifically tailored to the management of nursing homes; this development opportunity was commended.

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Areas audited included the environment and care records.

The RI is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit by an independent management consultant. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to patients and the delivery of care which took into account personal choice for patients. Patients were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the patients and worked well as a team to deliver the care patients' required. The environment was well maintained, homely and comfortable. Effective systems were in place to provide the manager with oversight of the services delivered.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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