



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 21 October 2019



## Queenscourt

**Type of Service: Nursing Home (NH)**  
**Address: 36 Doagh Road, Ballyclare, BT39 9BG**  
**Tel No: 028 9334 1472**  
**Inspector: Sharon McKnight**

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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 patients with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Eoghain King	<b>Registered Manager and date registered:</b> Diana Mos Application pending
<b>Person in charge at the time of inspection:</b> Diana Mos	<b>Number of registered places:</b> 43
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 21 October 2019 from 09:50 hours to 15:45 hours.

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.

Evidence of good practice was found in relation to the provision of nursing and care staff, staff recruitment and training and patient safety. The home was safely managed whilst maintaining a homely environment.

There were examples of good practice found throughout the inspection in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients' were offered choice with their daily routine, that there were systems in place to seek the opinion of patients and relatives on the day to day running of the home and that there continued to be a varied and meaningful activity programme.

There were stable management arrangements in place with systems to provide management with oversight of the services delivered.

Areas requiring improvement were identified in relation to the recording of cleaning scheduled and the provision of domestic staff and the consistency of the recording of neurological observations. Improvements are also required with care planning process at the time of admission to the home and some aspects of care records.

Patients told us they were happy living in the home. Patients unable to voice their opinions were relaxed and smiled at us when we were talking with them.

Comments received from patients and people who visit them are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Diana Mos, Manager, 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 dated 21 June 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 21 June 2019. No further actions were required to be taken following this most recent 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 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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- staff duty rota for week commencing 13 October 2019
- duty rota for domestic staff for the period 29 September – 19 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- one patient's repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate

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 areas for improvement from previous inspection(s)**

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

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

### **6.2 Inspection findings**

#### **6.3 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for week commencing 13 October 2019 confirmed that the staffing numbers identified were provided. An activity co-ordinator was employed to plan and deliver a range of social activities; they were supported by the wider staff team on the delivery of activities.

We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs. Staff told us they liked working in the home. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them. We met with one relative who was visiting; they were very happy with how their loved one was supported on a day to day basis and were confident that staff listened to and respected his opinion.

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

Catering and domestic staff were provided daily to ensure that catering, cleaning and laundry duties were undertaken. Following a review of the rota we questioned if the provision of domestic staff was adequate given the size of the home and the needs of the patients. Whilst cleaning schedules were in place they did not tell us what actual duties were completed or what duties staff were unable to complete due to a lack of time. Alongside the scheduled daily duties staff also respond to unplanned cleaning which arise in response to patients' need. Following discussion with the manager it was agreed that more detailed cleaning schedules would be put in place to evidence what actual cleaning duties are completed and identify any shortfalls in the daily routine. It was further agreed that the provision of domestic staff would be reviewed with a view to increasing the number of staff to ensure that standards of cleanliness are maintained. The improvements in the cleaning schedule records will support this review. This was identified as an area for improvement.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they could report any concerns.

We reviewed the prevention and management of falls. If a patient had an accident a report was completed at the time. The manager reviewed the accidents in the home on a monthly basis to identify any trends. Neurological observations were being recorded for unwitnessed falls and for any patient with a suspected head injury. There were inconsistencies with the times between the observations being completed and the length of time observations were being recorded over. It was agreed that a procedure would be drawn up to guide staff in best practice when completing neurological observations and to provide a consistent approach. This was identified as an area for improvement. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how to report any concerns.



We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

The environment in Queenscourt was warm and comfortable. The home was clean and fresh smelling throughout. There is an ongoing redecoration and refurbishment plan in place to ensure the environment of the home is maintained to an acceptable standard. Since the previous inspection the flooring in the dining room has been renewed and the activity room has been repainted and new chairs provided. These changes have greatly improved the overall appearance of these rooms. Patients' bedrooms had been individualised to reflect their interests and personality. No issues were observed with fire safety.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of nursing and care staff, staff recruitment and training and patient safety. The home was safely managed whilst maintaining a homely environment.

### Areas for improvement

The following areas were identified for improvement in relation to the recording of cleaning scheduled and the provision of domestic staff and the consistency of the recording of neurological observations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We reviewed three patients' care records and observed that in two records assessments to identify patient need were completed and care plans were in place to direct the care required. However in one of the care records the assessments had not commenced on the day of admission and completed within five days; initial plans of care based on the pre admission assessment and referral information were not in place within 24 hours of admission. This was identified as an area for improvement.

We reviewed the management of nutrition, falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed how patients' needs in relation to wound prevention and care were met. There were no patients in the home with wounds at the time of the inspection. Records evidenced that, previously, advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example physiotherapists and tissue viability nurses (TVN). One patient had a care plan in place for wound care despite the wound being healed. The importance of ensuring that care plans are updated to reflect improvements to the patient's condition were discussed with the manager.

Pressure relieving care was recorded on repositioning charts. We review one patient's repositioning chart and identified that the records did not evidence that the patient was being assisted to change their position as regularly as was stated in their care plan. This was identified as an area for improvement. We also observed that not all charts were dated, some charts contained a number of dates weeks apart, there were entries recorded in red pen and completed charts were not being archived in a timely manner. This was identified as area for improvement.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients require to ensure their nutritional needs are met. Patient's weights were kept under review and checked monthly to identify any patient who had lost weight. Referrals were made to the dietician in the local health and social care Trust for patients identified as at risk of weight loss.

The majority of patients came to the dining room for lunch which was served over two sittings. The menu offers a choice of two dishes at each meal. Staff told us that they have recently introduced picture cards to help patients express their choice of meal to staff; this is good practice and was commended. Staff were knowledgeable of patients dietary needs and their likes and dislikes. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. Patients told us they enjoyed lunch and that the food was generally good. The assistant cook told us that, following the most recent meeting of the residents forum, the menu was reviewed. The new menu was due to start the week following the inspection. The manager plans to consult with the patients following completion of the first three week cycle. We discussed the benefits of monitoring with the kitchen staff the amount of uneaten food being returned to the kitchen as an indicator of patient satisfaction. Patients involvement in the day to day running of the home is further discussed in section 6.5

We reviewed the prevention and management of falls. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required.

Staff were well informed with regard to patients' needs and encouraged those patients who could express their preference to do so. Staff demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion. Staff worked well as a team and reported that there were good relations between differing roles within the team.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of skin care, nutrition and falls. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.



## Areas for improvement

The following areas were identified for improvement in relation to the assessment and care planning process at the time of admission to the home and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:50 hours and patients were finishing their breakfast. There was a relaxed atmosphere in the dining room and the patients were enjoying their breakfast and the company of staff.

We saw that patients' needs were attended to in a timely and caring manner. 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.

We spoke with the majority of patients throughout the day; all of them were happy in the home. As previously discussed we spoke with the relative of one patient who was very satisfied with how their relative was being looked after.

We discussed how patients are involved in shaping the day to day running of the home. The activity co-ordinator arranges Resident Forum Meetings; these meetings are held approximately every 3 months and a record is kept of who attended and the areas discussed. The most recent meeting was held on 4 June 2019 and was attended by 16 patients. Patients raised that they were "fed up" with certain dishes on the menu and suggested alternative dishes they would like to see. As previously discussed a menu review has been completed. The range of activities was discussed. An organisation "Pets as Therapy Dogs" visit the home weekly and the patients had recently made a donation in recognition of the enjoyment this visit brings them. The thank you letter was read to the patients during the meeting. Patients were asked their opinion on the recent improvements to the living areas and bedrooms; all were happy with the changes. The meeting finished with "Open floor time" where patients have the opportunity to make suggestions or ask questions. The manager explained that the staff and patients value these meetings but also explained that if a patient wants to ask for something, or has a suggestion, they will approach staff at any time.

The home provides questionnaires on an annual basis for relatives to give their opinion on the care delivered. The most recent questionnaires were completed in July 2019. These are examples of comments provided in the returned questionnaires:

"I continue to be very confident and happy with the quality of care my... receives. My ... is treated wonderfully..."

"I am very proud to continue to recommend this home to others for loved ones as the quality of care dignity and respect given is wonderful."

“...appearance is always clean, neat and tidy. The staff team let me know if she needs items of clothing, toiletries. She appears happy when in the company of staff. Staff team are very approachable.”

The manager confirmed that a report will be completed of the outcome of the questionnaires including what action has been taken in response to any suggestions for improvement. The report will be available for relatives and visitors to the home in due course.

There continues to be a varied programme of activities which include crafts, baking and social events, for example the Halloween disco which several patients told us they were really looking forward to. Patients continue to enjoy bus runs and trips into Ballyclare town centre which is only a short walk from the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the daily routine, systems to seek the opinion of patients and relatives and the provision of a varied and meaningful activity programme.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There are stable management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been in post since April 2019 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. An application for the manager to register with RQIA has been received. They are supported in their role by the owner of the home, registered nurses and administrators, who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care. Patients smiled when they saw the manager, some patients knew her by name and it was obvious from their interactions that she was familiar to them. Staff reported that the manager was approachable and available to speak to. Staff confirmed if they had any concerns they would be confident in raising them with the manager.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included care records, analysis of accidents/incident and the environment.

The owners of the home, are required to check the quality of the services provided in the home on a monthly basis and complete a report. This was done by an independent consultant and through an unannounced visit. 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. A report of the visits was provided to the owner and manager. An action plan with any areas of improvement was included in the report. These reports were available in the home.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Diana Mos, Manager, 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 nursing 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 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41:10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2019</p>	<p>The registered person shall ensure that the provision of domestic staff is reviewed and consideration given to increasing the number of staff rostered to ensure that standards of cleanliness are maintained.</p> <p>More detailed cleaning schedules must be put in place to evidence what actual cleaning duties are completed and identify any shortfalls in the daily routine.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> New cleaning schedule in place to evidence what cleaning duties are carried out daily and identify if there is a need for extra domestic staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2019</p>	<p>The registered person shall ensure that a procedure is drawn up to guide staff in best practice when completing neurological observations and to provide a consistent approach.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> New flow chart in place to guide the staff in regards with the best practice when completing the neurillogical observations.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection.</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home</li> <li>• initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Audits carried out monthly to ensure that assements are completed in a timley manner and spot checks carried out regularly.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2019</p>	<p>The registered person shall ensure that the frequency which patients are repositioned is in accordance with their care plan with records maintained to evidence care delivery.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2019</p>	<p>The registered person shall ensure that care records are maintained in accordance with NMC standards.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans and repositioning charts updated to match the needs of the service users.</p> <p><b>Response by registered person detailing the actions taken:</b> Audits carried out monthly and spot checks are carried out regularly to ensure a high standard of practice.</p>

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



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