



Unannounced Care Inspection Report 21 November 2018



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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 43 persons.

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: Lynne Burton	Date manager registered: Application to be submitted
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 November 2018 from 09:50 to 16:15.

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 any areas for improvement identified during and 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.

As a result of this inspection, RQIA was concerned that insufficient progress had been made with improvements to the environment. Concerns were also identified with the lack of effective managerial, monitoring and governance arrangements in the home. A decision was taken to invite the responsible person to a serious concerns meeting in relation to the fitness of premises and the general requirements of the registered person. This meeting 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 the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) in section 7.0 for details.

Evidence of good practice was found in relation to staffs' detailed knowledge of patients' wishes, preferences and assessed needs, their interactions with patients and the provision of activities.

Areas requiring improvement were identified in relation to staffing, one to one supervision of patients, cleaning schedules, the serving of meals and managerial oversight within the home.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	*6	*6

*The total number of areas for improvement include six which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Eoghain King, responsible person and Lynne Burton, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting. Following this meeting a decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rgia.org.uk/who-we-are/corporate-documents-\(1\)/rgia-policies-and-procedures/](https://www.rgia.org.uk/who-we-are/corporate-documents-(1)/rgia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 23 August 2018.

The most recent inspection of the home was an announced premises inspection undertaken on 23 August 2018. There were no further actions required to be taken following the most recent inspection.

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with the majority of patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 3 – 21 November 2018
- duty rota for domestic staff from 13 October – 21 November 2018
- incident and accident records
- 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 23 August 2018.

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 12 June 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: First time	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.	Partially met
	Action taken as confirmed during the inspection: On 24 July 2018 RQIA received an e mail from the responsible person confirming that an audit of the home's environment had been completed and that an action plan had been compiled. A copy of this action plan was submitted to RQIA. A review of the home's environment evidenced that the action plan had not been fully complied with and that a significant amount of work remained outstanding. This area for improvement is assessed as partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 27 (1) and (2) (l) Stated: First time	The registered person shall ensure that there is suitable storage provision for the purposes of the home.	Partially met
	Action taken as confirmed during the inspection: We observed that whilst some areas had been cleared of equipment numerous pieces of equipment continue to be stored in bathrooms and toilet areas. This area for improvement is assessed as partially met and is stated for a second time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 18 (1) (2)</p> <p>Stated: First time</p>	<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>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The action plan submitted to RQIA on 24 July 2018 identified a number of bedrooms which required new furniture. Plans were also in place to replace a number of chairs and settees which were damaged. Records evidenced that furniture had been ordered, however exact delivery date were not available. This area for improvement has been partially met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<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>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that audits had been completed however issues that required action were not always included in the action plans. There was no evidence that action plans had been reviewed to ensure that the necessary improvements were made. This area for improvement has been partially met and is stated for a second time.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.10 Stated: Second time	The registered person shall review the provision of domestic staff at the weekends to ensure that there are sufficient staff to keep the home clean and hygienic at all times.	Met
	Action taken as confirmed during the inspection: A review of the duty rota for domestic staff from 13 October – 21 November 2018 evidenced that this area for improvement has been met. The provision of domestic hours is further discussed in section 6.3.	
Area for improvement 2 Ref: Standard 38.3 Stated: Second time	The registered person shall ensure that any gaps in employment history are explored and explanations recorded as part of the recruitment process.	Met
	Action taken as confirmed during the inspection: A review of two recruitment files evidenced that this area for improvement has been met with systems in place to ensure continued compliance.	
Area for improvement 3 Ref: Standard 4.7 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A review of five patients care plans evidenced that three had been reviewed regularly. This area for improvement is assessed as partially met and is stated for a second time.	
Area for improvement 4 Ref: Standard 46 Stated: First time	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.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that “Environmental Audit – Infection Control” audits had been completed in July, September and October 2018. However issues that required action were not always included in the action plans. There was no evidence that action plans had been reviewed to ensure that the necessary improvements were made. This area for improvement has been partially met and is stated for a second time.</p>	
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6.3 Inspection findings

Staffing

The manager explained the planned staffing levels for the home and confirmed that on the day of the inspection the planned staffing levels were not adhered to due to staff sickness. This resulted in an external activity being cancelled for the patients. A review of the duty rosters for the period 3 – 21 November 2018 evidenced that the planned staffing was not consistently adhered to. Staff spoken with were of the opinion that when the planned staffing was provided there were sufficient staff to meet the needs of the patients. There was a lack of oversight by management with regard to staffing roster.

The following areas for improvement were made with regard to staffing:

- there must be sufficient staff on duty to meet the assessed needs of the patients
- the manager must maintain oversight of the staffing rosters to ensure the planned staffing levels are consistently adhered to

We reviewed the supervision arrangements for patients assessed as requiring one to one supervision. We identified that no additional staff had been rostered to provide this level of supervision. This was identified as an area for improvement. Where patients are assessed as requiring one to one supervision additional staff must be rostered to ensure this level of supervision is provided. Again there was a lack of managerial oversight with regard to the deployment of staff.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Patients spoken with were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There were no relatives visiting during the inspection. Relative questionnaires were provided. None were returned prior to the issue of the report.

Staff were asked to complete an online survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the registered manager for their information and action as required.

As previously discussed we reviewed the provision of domestic staff. It was good to note that domestic staff were now rostered seven days a week to provide domestic cover over the weekend. However a review of the domestic roster for the period 13 October – 21 November 2018 evidenced that during the six week period prior to the inspection there were three weeks when there was only one domestic rostered daily. This was concerning given the layout of the building and the needs of the patients accommodated. We discussed the daily routine with the domestic staff who explained the daily and weekly tasks to be completed. There was a schedule for weekly cleaning of rooms however there were no records in place to evidence which rooms were clean and when. Staff explained that all of the bathrooms and toilets were cleaned daily however there was no capacity to regularly check toilets to ensure they remained clean. Whilst no issues were identified with the cleanliness of the bedrooms and communal areas, given the needs of the patients accommodated we observed that regular checks were required to ensure the toilets remained clean. The provision of domestic staff must be reviewed to ensure that standards relating to the cleanliness of the environment are fully met. Cleaning schedules must be put in place to evidence that all areas of the home are regularly cleaned. Areas for improvement have been made.

Dining experience

We observed the serving of lunch. The majority of patients come to the dining room for their lunch. Staff explained that lunch is served over two sittings. All of the meals were plated at the beginning of the first sitting, a number were transferred to an open trolley and taken to the dining room. Those patients who were present had their meals served immediately. There were a number of meals for the patients who come to the second sitting and for patients who, on the day of the inspection were out on a bus trip; these meals were returned to the kitchen. The cook explained that these meals would be reheated in a microwave prior to serving. Other meals served at the second sitting had also been plated, covered and kept in the kitchen; these would also require to be reheated prior to serving. There was no rationale for plating the meals of patients who were not present in the dining room or in the home. The issues with the plating and serving of meals were identified during a previous inspection and action was taken to address them. It is disappointing to note that this institutionalised approach to the serving of meals has returned. The dining experience must be reviewed to ensure that individual needs and preferences are considered and that food is served in accordance with food safety guidance. This was identified as an area for improvement.

Activities

We visited the activity room mid morning and spoke with the patients and staff. Patients were involved in making chocolate chip cookies which, the patients informed us, would be eaten with their afternoon tea. Patients knew what activities were planned for that day. They were also well informed regarding the planned outings for Christmas lunch, shopping and other festive events. There was a lively atmosphere in the room and a great sense of community. A number of patients had gone out shopping on the day of the inspection. Another group of patients were due to attend a keep fit activity in the local further education college on the afternoon of the inspection, as

previously discussed this had to be cancelled due to staff shortages. Staff spoken with recognised the importance of providing meaningful activities to all of the patients. Staff confirmed that the provision of activities included events to meet patients' religious and spiritual needs with a number of patients attending local church services on Sunday mornings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' detailed knowledge of patients' wishes, preferences and assessed needs, their interactions with patients and the provision of activities.

Areas for improvement

The following areas were identified for improvement in relation to staffing, one to one supervision of patients, cleaning schedules, the serving of meals and managerial oversight within the home.

	Regulations	Standards
Total number of areas for improvement	2	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eoghain King, responsible person and Lynne Burton, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (1) and (2) (b) (c) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 16 January 2019</p>	<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 carried out, which identified damage to the premises and equipment. A plan is in place to address these matters in a timely fashion.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (1) and (2) (l)</p> <p>Stated: Second time</p> <p>To be completed by: 19 December 2018</p>	<p>The registered person shall ensure that there is suitable storage provision for the purposes of the home.</p> <p>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Storage areas have been identified and we are working to ensure that this provision meets the requirements of the home. This will be completed by the end of January 2019.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (1) (2)</p> <p>Stated: Second time</p> <p>To be completed by: 16 January 2019</p>	<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: A full audit has been carried out of all bedrooms and communal areas, identifying damaged and worn furniture. An action plan was implemented to address this in a timely manner. Going forward this shall be kept under review.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 16 January 2019</p>	<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> <p>Ref: Section 6.2</p>

	<p>Response by registered person detailing the actions taken: A new audit tool has been completed to ensure governance arrangements within the home addresses environment and infection control. Any action points arising shall be addressed in a timely manner.</p>
<p>Area for improvement 5 Ref: Regulation 20(1)(a) Stated: First time To be completed by: Immediate from the day of the inspection.</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>Response by registered person detailing the actions taken: The manager completes the duty rota for the home, ensuring that there is sufficient staff cover to meet the assessed needs of the patients. If there are any gaps in staff cover, these are relied to our Human Resources manager who recruits accordingly. To meet interim gaps in staff cover, 'bank, as and when required' staff are rotaed when available.</p>
<p>Area for improvement 6 Ref: Regulation 13(1)(b) Stated: First time To be completed by: Immediate from the day of the inspection.</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>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: There is proper provision for the supervision of patients. Where patients are assessed as requiring one to one supervision additional staff will be rostered to ensure this level of supervision is provided.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 4.7 Stated: Second time To be completed by: 19 December 2018</p>	<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>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded of the need and requirement of ensuring that patients care plans are reviewed in a timely manner and in keeping with the homes policy. This ensures that the care plans are reflective of the patients needs. Staff have been rostered on specific shifts so that they have allocated time to update care plans. This shall be ongoing.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: Second time</p> <p>To be completed by: 16 January 2019</p>	<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>Ref: Section 6.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<p>Response by registered person detailing the actions taken: The homes environmental audit has been reviewed to ensure it effectively meets the standard. It clearly specifies the areas of the home reviewed, any deficits are recorded and a plan is put in place to evidence that deficits are addressed.</p> <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>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: The nurse manger completes and signs off the duty rosters, ensuring that the required staffing levels are adhered to. Should there be any shortages in staff cover, our human resources manager is notified and recruitment process are implemented.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<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>Ref: Section 6.2</p> <p>Response by registered person detailing the actions taken: The provision of domestic staff has been reviewed to ensure that standards relating to the cleanliness of the environment are fully met.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2018</p>	<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: A review of our cleaning schedules has taken place, this evidences that all areas of the home are cleaned regularly.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection.</p>	<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: The food served within the home reflects individual needs and preferences. Food is served in accordance with food safety guidance.</p>

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



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