



Unannounced Care Inspection Report 22 October 2020



Queenscourt

Type of Service: Nursing Home (NH)
Address: 36 Doagh Road, Ballyclare BT39 9BG
Tel no: 02893341472
Inspector: Bronagh Duggan

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 nursing home registered to provide nursing care for up to 43 persons living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager and date registered: Diana Mos 6 March 2020
Person in charge at the time of inspection: 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

4.0 Inspection summary

An unannounced inspection took place on 22 October 2020 from 10.30 to 17.00. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the previous care inspection on 2 December 2019. Also RQIA received information which raised concerns in relation to potential deprivation of liberty issues. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records and Deprivation of Liberty Safeguards (DOLS)
- Governance and management

Patients gave positive comments in relation to living in the home.

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.

The term 'patients' is used to describe those living in Queenscourt.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

Areas for improvement and 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. Eoghain King, responsible individual, was also present at the conclusion of the inspection. *One area for improvement has been stated for a second time.

Enforcement action did not result from the findings of this 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
- 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 eight patients individually and others in groups, six staff and the manager. Ten questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with "Tell Us" 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. There were no questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Staff duty rota
- Three care records
- DOLS information
- Staff training matrix
- Compliments and complaints records
- Accident and incident records
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Certificate of registration

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 March 2020.

The quality improvement included two areas for improvement carried forward from the most recent care inspection on 2 December 2019.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: Second time	The registered person shall ensure that: <ul style="list-style-type: none"> the assessment of patient need is commenced on the day of admission and completed within five days of admission to the home initial plans of care based on the pre admission assessment and referral information are in place within 24 hours of admission 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care records for a recently admitted patient showed that the assessment of need was commenced on the day of admission and completed within five days of admission to the home. In addition the initial care plans were in place within 24 hours of admission.	
Area for improvement 2 Ref: Standard 39 Stated: First 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.	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of staff training records showed that additional training regarding the supporting of people with learning disabilities had not been provided to date. The manager advised there had been difficulty in sourcing relevant training for the topic identified. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	
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6.2 Inspection findings

Staffing 6.2.1

We arrived at the home at 10.30; the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 18 October 2020 until 1 November 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home including identified one to one staffing were assessed as necessary. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of patients.

Comments received from staff included:

- “Excellent teamwork, the rapport staff and residents have with each other helps so much especially with the Covid situation.”
- “It can be busy, and tiring, but fun too.”
- “It is challenging some days, but I love it here, it’s rewarding at the same time.”
- “Staffing is ok, there is usually two staff nurses on, no complaints. The manager is approachable.”

6.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector's temperature and other relevant information was recorded. The manager advised everyone's temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all patients and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had completed training in relation to infection prevention and control. In addition staff confirmed they supported patients with handwashing regularly throughout the day.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining room, bathrooms, toilet areas and a sample of residents' bedrooms. Bedrooms were found to be open upon arrival at the home and freely accessible to residents throughout the day. We found patients bedrooms were nicely decorated and were personalised with individual interests and mementos displayed.

We noted some general areas of the home were in need of improvement to the paintwork and some furnishings were also in need of replacement. This issue was discussed with the manager who confirmed that there was an environmental improvement plan in place with areas for improvement identified for completion. A copy of the plan was available for review during the inspection. The manager advised plans were in place for the works to commence in November 2020. The progress of the completion of the works shall be followed up at a future inspection.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately.

6.2.4 Care delivery

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patients' individual needs. Staff spoken with shared that they were aware of the need to be aware of non-verbal communications of patients due to communication challenges that some may have.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences. Staff were observed supporting patients with activities on a one to one basis including arts and crafts, in addition other patients were observed relaxing in the home watching TV, movies, and listening to music. Staff shared that social opportunities for patients to access in the local community had reduced significantly due to restrictions in place for the Covid 19 pandemic, however patients were supported with in house events and would go out for drives in the local area.

Throughout the day some patients were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. Patients appeared comfortable; staff were available throughout the day to meet their needs.

Comments from patients during discussion included:

- “I like it here, the food is nice.”
- “I like it.”
- “I like the food.”

The manager outlined the visiting arrangements in place and how these were managed and how patients were supported to maintain contact with relatives through phone calls and video technologies. The manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records and deprivation of liberty safeguards (DOLS)

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and daily evaluation records. Information from other health care professionals including for example Speech and Language Therapy (SALT) were included in the care records. Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times.

We reviewed deprivation of liberty safeguards included within a sample of care records. We could see that these were completed on an individualised basis to take into consideration the assessed needs of patients. The manager advised that any deprivation of liberty used with in the home for example the use of a locked front door or secured furnishings was done in agreement with the patient and or members of the multi-disciplinary team based on the principles of best interest and at the same time being aware of patients capacity.

Care records were reviewed and updated on a regular basis or as any changes occurred.

6.2.6 Governance and management arrangements

The manager retains oversight of the home, and confirmed she felt well supported in recent months by the provider. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available regarding Covid 19 guidance.

We reviewed a sample of audits including accidents and incidents; environment, weights, other areas reviewed on a monthly basis by the manager included staffing, training, complaints, and wound care. Actions were identified and followed up on as necessary.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

There was a system in place regarding the management of complaints. Any complaints made had been managed accordingly. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We reviewed the reports for July, August and September 2020 they included an overview of the working practices in the home. An action plan within these reports had been completed to address any issues identified. We advised the manager to record on the action plans when the issues had been addressed.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between patients and staff, promoting individual interests of patients, and IPC practices.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Patients looked well cared for and spoke positively about their experiences living in the home. Interactions between patients and staff were pleasant and friendly.

We acknowledge that the home has been affected by Covid 19 circumstances and the efforts of staff in dealing with those challenges during the situation are recognised and commended.

One area for improvement has been stated for a second time in relation to staff training.

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. Eoghain King, responsible individual, was present at the conclusion of the inspection. 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>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 22 February 2020</p>	<p>The registered person shall ensure that additional training to enhance staff current knowledge and understanding of supporting people with a learning disability is provided.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Contacted positive behaviour team on the 27th October to enquire if they will be able to provide the above mentioned training, I was advised that with the current circumstances they are unable to provide us with the training.</p> <p>On the 4th November I contacted the REACH team to enquire if they would be able to provide the above mentioned training, they are unable to provide us with the specific training at present. We will continue to explore this in the New Year!</p>

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



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