

Unannounced Follow up Inspection Report 28 November and 2 December 2019



Queenscourt

Type of Service: Nursing Home

Address: 36 Doagh Road, Ballyclare, BT39 9BG

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Inspectors: Catherine Glover and 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 provider 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 which is registered to provide care for up to 43 patients who are living 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 Mos	Date manager registered: Diana Mos – Registration pending
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 medicines management inspection took place on 28 November 2019 from 10.45 to 15.15 and an unannounced care inspection was completed on 2 December 2019 from 09:30 to 16:30.

The inspection was undertaken following information received by RQIA from the Northern Health and Social Care Trust (NHSCT).

The following areas were examined during the inspection:

- medicines management
- audit and governance arrangements
- care delivery
- care records
- provision of activities

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	4	5*

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

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.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 21 October 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- information provided by the Trust
- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of incidents

During the inspection we met with all of the patients, two registered nurses, five care staff, two visiting healthcare professionals and one patient's relatives.

A sample of the following records was examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

- staff duty roster from 17 November – 29 December 2019
- accident and incident reports
- seven patients care records including personal care charts

Areas for improvements identified at the last 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 21 October 2019

Areas for improvement from the care inspection		Validation of compliance
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.		
Area for improvement 1 Ref: Standard 41.10 Stated: First time	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.	Partially met
	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.	
	Action taken as confirmed during the inspection: Records evidenced that more detailed cleaning schedules were now in place. This provided the manager with the information needed to inform a review of the domestic staffing requirements. This area for improvement has been partially met and is stated for a second time. RQIA acknowledge that work to fully comply with this improvement is ongoing.	

<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We observed that a procedure was now in place to guide staff when completing neurological observations and to provide a consistent approach.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <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 	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that this area for improvement has not been met and is now stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</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>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that this area for improvement has been met.</p>		

Area for improvement 5 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that care records are maintained in accordance with NMC standards.	Not met
	Action taken as confirmed during the inspection: This area for improvement was with regard to the completion of repositioning charts; we observed that these were being completed in accordance with NMC standards.	

6.2 Review of areas for improvement from the last medicines management inspection dated 2 October 2017

There were no areas for improvements made as a result of the last medicines management inspection.

6.3 Inspection findings

Medicines management

During the medicines management inspection on 28 November 2019, we reviewed all of the records for the current monthly medicine cycle and noted that all medicines were available for administration. However, a review of 29 medicine administration records for the previous monthly medicine cycle evidenced that six patients had been without a supply of one of their medicines for more than one dose. This is unacceptable. Patients' medicines must be available for administration at all times and not be allowed to run out of stock. An area for improvement was identified.

The review of the medicine administration records showed that there were missed signatures for administration. It was not clear whether the medicine had not been administered or if the records had not been completed following administration. An accurate record of all medicines administered or not administered must be made. If a medicine is not administered, the reason for the omission must be recorded. An area for improvement was identified.

Care records

We observed that assessments to identify patient need and a range of care plans to direct the care required were in place. A number of care plans with regard to communication were patient-centred and described in detail the individual needs of the patient and how best to support the patient. The manager explained that work was ongoing to improve the quality of care plans. As previously discussed, initial assessments and plans of care were not always implemented within the required timescale following admission. This area for improvement was stated for a second time. Some assessments and care plans had not been regularly reviewed to ensure that they were still reflective of the patient's needs; this was identified as an area for improvement.

The management of pain was reviewed. Medicine administration records had been completed and the reason for administering analgesia had been recorded on the reverse of the administration records.

The manager had introduced a running stock balance sheet for medicines that were prescribed on a "when required" basis to manage distressed reactions. This was checked at each administration and at shift changes. The reason for and outcome of administering these medicines was recorded.

Care plans were not in place for all patients who required regular pain relief or for patients prescribed medicines to manage distressed reactions. This was included in the area for improvement identified in relation to care planning.

Care records confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them.

Audit and governance

An audit of a random sample of medicines indicated that the majority of medicines had been administered as prescribed. Some minor discrepancies were noted and discussed with the manager at the end of the inspection. Some audits could not be completed as the date of opening had not been recorded. The manager had completed medicines management audits on a monthly basis and none of the issues identified at this inspection i.e. missing signatures and missing care plans, had been highlighted. The audit arrangements should be reviewed. An effective medicines audit must be introduced and completed regularly. An area for improvement was identified.

An action plan was in place to address the deficits in the governance arrangements in the home. Additional support for the manager to implement the action plan and embed the improvements into practice had been arranged by the providers.

Delivery of personal care

On 2 December 2019 we arrived in the home at 09:30. Some patients were finishing their breakfast whilst others were relaxing in the lounges throughout the home. All of the patients had been assisted with their personal hygiene and were nicely dressed and well presented.

We discussed with staff how they managed personal care if patients refused their assistance. Staff spoke confidently of the patients' right to refuse assistance but also of their duty of care to ensure that patients received the attention they required. They discussed a number of approaches they would try. Records of personal care were recorded daily and included if the patient had refused and the action taken, for example the provision of an alternative type of care.

Care plans were in place for those patients who required assistance with their personal care and appearance, this included details of the level of assistance and the number of staff required. Care plans also identified if the patient was resistant to accepting help with personal care.

We spoke with the relatives of one patient. They were very satisfied with how staff supported their loved one with his personal care needs and that staff managed any refusals of assistance well. They were happy that attention was requested from a GP and other healthcare professionals as needed.

We discussed with staff the management of continence needs and the availability of products to meet the needs of the patients. Staff told us that there is a good supply of continence aids but that a small number of patients require a specific aid and occasionally they will run out prior to the next order. This was discussed with the manager who readily agreed to review the ordering for all continence aids to ensure there is an adequate supply at all times. Due to this assurance an area for improvement was not identified.

We met with two visiting healthcare professionals, both of whom spoke positively regarding staff knowledge of the patients and the compassionate manner with which staff supported the patients. They commented that staff were knowledgeable of patient need, that referrals and notifications were made in timely manner and any recommendations for care were adhered to by staff.

Management and notification of accidents and incident

We reviewed the accident and incident book and can confirm that recorded accidents/incidents were appropriately managed with medical advice sought as required.

Patients' next of kin and the appropriate health and social care Trust were informed of accidents and incidents. RQIA were also appropriately notified of accidents. One recorded incident had not been reported to the Trust; it was agreed that the manager would submit a retrospective notification.

Incidents regarding medicines being out of stock had not been reported to RQIA. There must be a robust process for identifying and reporting medicine incidents. An area for improvement was identified.

Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the period 24 November – 28 December 2019 confirmed that the staffing numbers identified were provided. As previously discussed a review of the provision of domestic staff was ongoing (See Section 6.1).

We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs. Staff confirmed that additional staff were provided when social events were taking place, such as the annual Christmas dinner which was scheduled for the evening of the inspection. It was obvious from the relaxed interactions between staff and patients that there were good relationships between them.

We discussed with staff the training provided and the relevance to the care they provided and the tasks they completed daily. All of the staff were of the opinion that the training they received was useful and relevant to their role in the home. We discussed with some staff the training they received specific to understanding and supporting people with a learning disability.

Whilst staff valued the current training they were enthusiastic for further training in this area; this was identified as area for improvement. The manager explained that, prior to the inspection, the responsible person, Mr E King, was trying to source additional training.

Activities

There continues to be a varied programme of activities arranged by the activity co-ordinator and supported by the wider staff team. As on previous inspections the patients were well informed of the planned activities and when the activity co-ordinator was next on duty. Bus trips continue to be a favourite with many of the patients; a number of patients went for a drive on the morning of the inspection. The bus which accommodates patients in wheelchairs was off the road at the time of the inspection which restricted some patients from going on outings. We were informed that a decision with regard to the future of the wheelchair bus was being considered.

Whilst there were no formal activities on the morning of the inspection patients and staff were busy getting outfits and presents organised for the annual Christmas dinner outing which was booked for the evening time. We spoke with seven patients in the sun lounge who told us of the agenda for the evening function; they were very excited and looking forward to the event.

We discussed how patients spent their time on days when the activity co-ordinator was not working and concluded that there were less structured activities for the patients on these days. Structured activities should be provided daily for all patients who wish to participate; this was identified as an area for improvement.

Areas of good practice

Evidence of good practice was found in relation to the provision of staff and their attentiveness to patients. Patients were attended to by their GP and other healthcare professionals as they required. We observed that patients were offered choice with the daily routine. 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

Areas for improvement were identified with the review of availability of medicines, completion of medicine administration records, reporting of adverse incidents, medicines audits, care records, further training for staff to enhance their current knowledge and understanding of supporting people with a learning disability and the provision of structured activities outside of when the activity co-ordinator is on duty.

	Regulations	Standards
Total number of areas for improvement	4	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate from the day of inspection	The registered person shall ensure that medicines are available for administration as prescribed. Ref: 6.3 Response by registered person detailing the actions taken: Daily checks in place for nurses completed at the end of every shift. Daily managers audit in place completed daily. Weekly stock check commenced and in place.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: Immediate from the day of inspection	The registered person shall ensure that medication administration records are accurately maintained. The reason for any non-administration must be recorded. Ref: 6.3 Response by registered person detailing the actions taken: Medication administration records are checked every shift and checked daily by Nurse Manager.

<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection</p>	<p>The registered person shall ensure that an effective medicines audit is implemented to ensure that patients are receiving their medicines as prescribed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Daily manager's audit in place. Individual audits in place for all service users completed by the Night Nurse and submitted to the Nurse Manager as per planner ensuring that all service users are audited through the month. Monthly Medication Audit by Nurse Manager.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection</p>	<p>The registered person shall ensure that medicines incidents and discrepancies are appropriately notified to RQIA.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Memo issued to ensure that all staff nurses are aware that the medication incidents are reported to RQIA. Daily checks in place to ensure that incidents are being reported.</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</p> <p>Ref: Standard 41.10</p> <p>Stated: Second time</p> <p>To be completed by: 27 January 2020</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: 6.1</p> <p>Response by registered person detailing the actions taken: The home has reviewed the provision of domestic hours. As a result, we are recruiting for 15 additional hours, to ensure that the standards of cleanliness are maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the day of inspection</p>	<p>The registered person shall ensure that:</p> <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 <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Nurse in charge at the time of the admission to start the assessments and to ensure that all assessments are completed within 24 hours. Delegated nurse to check and ensure that care plans are completed accurately within 5 days post admission.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2020</p>	<p>The registered person shall ensure that patients' assessments and care plans are fully completed and are regularly reviewed to ensure they reflect the needs of the patient.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Care plans audit in place. Named nurse allocation in place.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 23 March 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: 6.3</p> <p>Response by registered person detailing the actions taken: In addition to existing training, management within the home have liaised with the local referring Trust to discuss training options to enhance staff current knowledge and understanding of supporting people with a learning disability.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 27 January 2020</p>	<p>The registered person shall ensure that structured activities are provided daily for all patients who wish to participate.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: There has been additional 14 hours per month in activities hours. In addition, there are a range of options available to patients who wish to avail of activities.</p>

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



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