

Unannounced Care Inspection Report 16 February 2021



The Model Care Home

Type of Service: Nursing Home (NH)
Address: 1 Portrush Road, Ballymoney, BT53 6BX
Tel No: 028 2766 4502
Inspector: Gillian Dowds

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 36 persons.

3.0 Service details

Organisation/Registered Provider: The Model(Ireland) Ltd Responsible Individual(s): Anne O'Kane	Registered Manager and date registered: Lyndsay McNeill – application received
Person in charge at the time of inspection: Lyndsay McNeill	Number of registered places: 36
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 16 February 2021 from 10.00 to 18.00 hours. 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.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the internal environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I love it here, the girls are very nice.”
- “We are lifted and laid and well looked after. ”
- “I get on well. ”

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	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lyndsay McNeill, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: add to or delete the list below as required

- 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 13 patients, three patients' relatives and nine staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line no responses were received In the timeframe for inclusion in this report.

The inspector provided the registered manager with 'Tell us' cards to allow patients and their 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 rotas from 8 to 21 February 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including repositioning records, food and fluid intake charts
- staff nurse competency assessment
- RQIA registration certificate.

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 care inspection undertaken on 27 January 2020.

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

6.2 Inspection findings

6.2.1 Staffing

The manager told us that the planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. The atmosphere in the home was calm and unhurried.

The manager told us there was a system in place to monitor compliance with mandatory training and we were informed that staff had been given access to the new online training system for the home to enable staff to complete training.

Review of two staff recruitment record evidenced that the necessary checks were completed prior to staff commencing work in the home.

Staff spoken with commented positively about working in the home, they told us that teamwork was good and they felt well supported in their role even with the additional challenges that have arisen from the COVID-19 pandemic; comments included:

- "I love it here "
- "Staffing levels are good."
- "We have good support."
- "Teamwork is brilliant."
- "Lyndsey (manager) is really supportive."
- "The new directors are always here and have involved us in the changes."

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager and staff confirmed that all staff and patients had a twice daily temperature check recorded.

Staff told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

The manager told us that staffs' use of PPE and hand hygiene was monitored through observations and audits.

6.2.3 The environment

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. We discussed with manager and director the pending refurbishment plan for the home. It was agreed that these plans would be submitted to RQIA for review prior to the commencement of the work.

We observed that a store used to archive paperwork such as care records was unlocked. We discussed this with the manager who addressed this prior to the conclusion of the inspection.

The manager told us that there was a system in place to ensure that frequently touched points, were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule.

We reviewed the laundry area for the home and observed a trolley stored behind a fire door that would impede the door opening. The trolley was removed and an area for improvement in relation to fire safety precautions was identified.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect.

The manager informed us that visiting was facilitated in the allocated visiting area, situated at the back of the home. An appointment system was in place. Staff greet each visitor on arrival to the allocated area and assist them with PPE and IPC measures. They also assist patients with window visits, virtual visiting and telephone calls. We discussed the provision for indoor visiting during the inspection and confirmation was received following the inspection that indoor visiting had commenced.

The manager told us that she was aware of the care partner initiative and this had been offered to patients' relatives however no one had applied to be a care partner at the time of inspection. Following the inspection we were informed that two relatives had taken on the care partner role.

We observed the serving of the lunch time meal. The food on offer looked appetising. Patients were served their meal in the lounge to enable social distancing. During the meal we observed a period of time whereby the patients were unsupervised as care staff had left to assist other patients in their bedrooms; the nursing staff arrived in the dining room to provide assistance after the care staff had returned. This was discussed with the manager and an area for improvement made in relation to supervision of the dining room.

Patients commented positively with regard to the meal. They told us:

- “I enjoyed it.”
- “It was very good.”

6.2.5 Care records

We reviewed three patients’ care records which evidenced that individualised care plans had been developed to reflect the assessed needs of the patients’ and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. We discussed with the manager the evaluation of the care plans and the need to include meaningful statements of the effectiveness of the care provided. The progress of this will be reviewed at the next inspection.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SLT) and podiatry services where necessary.

We reviewed the wound care records for one patient. Following a review of the most recent photograph, care plan and discussion with the manager we identified that the care plan in place was not reflective of the current wounds; we also observed some gaps in the recording of the ongoing wound evaluation. An area for improvement in relation to wound care documentation was identified. Records evidenced that the patient was also being attended to by podiatry services.

Records for one patient who required a pressure relieving mattress and assistance with their repositioning were reviewed. We observed that the pressure relieving mattress and setting were not recorded on the repositioning chart; the setting and type of mattress were not accurately recorded in the care plan. An area for improvement was identified.

6.2.6 Governance and management arrangements

There had been a change in the care provider in the home since the last inspection. RQIA had been notified appropriately. There was a clear management structure in the home and the manager and clinical lead was available throughout the inspection. Staff commented positively about the change of provider. One staff member said;

“They have been very good they have involved us in the changes.”

We reviewed a sample of governance audits, including those focused on infection prevention and control, and hand hygiene. Where deficits were identified an action plan was developed to ensure improvements made.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies.

Staff spoken to told us they felt supported in their role and that the manager was approachable.

While a review of records evidenced that Regulation 29 monthly monitoring reports were available we observed that whilst some patients and staff consultation was documented there was no evidence of consultation with families. We discussed with the manager the development of the consultation piece of the monthly monitoring visits and the development of same, an area for improvement was identified.

Areas of good practice

Areas of good practice we observed in relation to staff knowledge and awareness of their patients' needs. Staff interactions with patients were observed to be in a caring and friendly manner.

Areas for improvement

Areas for improvement were identified in relation to fire safety, wound care and repositioning records. A further area for improvement was identified in relation to consultation with relatives in regard to the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

On the day of inspection the patients were observed to be well presented and content in their surroundings. Staff were aware of their patients' needs and treated them with kindness and respect.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lyndsey McNeill, 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	
Area for improvement 1 Ref: Regulation 27 (4) (d) (iii) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure the door in the laundry room is maintained free from any obstruction that would impede it from opening fully in the event of a fire. Ref: 6.2.3
	Response by registered person detailing the actions taken: Housekeeping staff have been informed of this breach of regulation. The maintenance person is checking the laundry door on a daily basis to ensure there are no obstructions. The Home Manager is also carrying out checks.
Area for improvement Ref: Regulation 29 Stated: First time To be completed by: 30 April 2021	The registered person shall ensure the monthly monitoring reports include consultation with patients' relatives. Ref: 6.2.6
	Response by registered person detailing the actions taken: This has been included in the monthly report and will continue to be included.
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 4 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that record keeping in relation to wound management is maintained in accordance with legislative requirements, minimum standards and professional guidance. Ref: 6.2.5
	Response by registered person detailing the actions taken: A new recording system has been introduced which computerises wound charts and care plans. It also facilitates the addition of photographic evidence. This allows the HM to have 'realtime' oversight of wound recording. The HM is monitoring compliance with wounds. All RNs have been made aware of the importance of accurate and timely recording of all wounds.

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2021</p>	<p>The registered person shall ensure the care records for those patients who require a pressure relieving mattress includes the type of mattress in use, the mattress setting required.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All care plans now detail the mattress type and setting required. The mattresses are monitored and checked daily by the RN and included on the handover report.</p>
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Please ensure this document is completed in full and returned via Web Portal



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