

# Unannounced Care Inspection Report

## 6 February 2018



## The Model Care Home

**Type of Service: Nursing Home**

**Address: 1 Portrush Road, Ballymoney, BT53 6BX**

**Tel No: 02827 666083**

**Inspector: James Lavery**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 36 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (No 11) Ltd  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Mr Vasco Alves
<b>Person in charge at the time of inspection:</b> Staff Nurse Bogden was the nurse in charge at the commencement of the inspection until 10.17 after which Mr Vasco Alves, registered manager arrived.	<b>Date manager registered:</b> 14 April 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.  Residential Care (RC) PH – Physical disability other than sensory impairment. I – Old age not falling within any other category.	<b>Number of registered places:</b> 36 comprising:  34: NH-I, RC-PH 2: RC-I

### 4.0 Inspection summary

An unannounced inspection took place on 6 February 2018 from 09.15 to 17.45 hours.

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 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.

Evidence of good practice was found in relation to monitoring the professional registration of staff; communication between staff and patients, staff awareness relating to adult safeguarding and governance arrangements for quality assurance and service delivery.

Areas for improvement under the standards were identified in relation to staff training, care records and the induction of agency staff.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Vasco Alves, registered 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 31 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August 2017. 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 records:

- notifiable events since the previous care inspection
- the registration status of the home
- 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
- pre-inspection audit

During the inspection the inspector met with 10 patients and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 22 January to 2 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents, restraint and wounds
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 31 August 2017.**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 31 August 2017.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of selection and recruitment records evidenced that staff were not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 43 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 September 2017	The registered person shall ensure that appropriate signage is in place throughout the home to promote patient orientation and comfort.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that appropriate signage, specifically relating to patients' bedrooms, was in place. Some weaknesses relating to other aspects of interior signage is discussed further in section 6.4.	



### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The nurse in charge and the registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 22 January to 2 February 2018 evidenced that there were no occasions when planned staffing levels were not adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager further confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. All staff who were spoken with expressed satisfaction in the level of support they received from the registered manager.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met using an online resource. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. While the majority of staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities, shortfalls were highlighted in regards to staff training in relation to managing challenging behaviours. Five staff who were spoken with stated that they had not received such training recently and that this negatively impacted their ability to effectively carry out their caring duties. This was highlighted to the registered manager who confirmed that such training had been provided for staff in August 2017. Although records confirmed that such training had been arranged by the registered manager and attended by staff there was no system in place for either reviewing the effectiveness of such training or ensuring that all staff currently employed had attended. This evidenced a weakness in regards to ensuring that best practice standards relating to the management of challenging behaviours had been embedded into practice. This deficit was discussed with the registered manager in conjunction with other associated shortfalls which are referenced in section 6.5. An area for improvement under the standards was subsequently made.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of the internal environment did evidence some deficits, namely: staining below one of the serving hatches within the ground floor dining area; evidence of damage to the ceiling of one communal bathroom; a lack of appropriate signage for two communal lounges and the inappropriate storage of equipment within one communal bathroom. These shortfalls were discussed with the registered manager who ensured that suitable signage was in place for the identified lounges before completion of the inspection. With respect to the storage of equipment in a communal bathroom, it was agreed with the registered manager that such storage would stop immediately and that a suitable application would be made to RQIA for consideration of a change to the function of this room. This matter was also passed to the estates inspection team for their information and action, as appropriate. The other matters highlighted will be reviewed during future inspections.

Patients' bedrooms, dining rooms and lounges were found to be warm, clean, fresh smelling and comfortable. It was noted that one patient bedroom lacked sufficiently appropriate furniture for the storage of personal toiletries. This was highlighted to the registered manager and it was agreed that such furniture should be put in place as quickly as possible. The implementation of this will be reviewed during future inspections.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were immediately secured by the registered manager who also confirmed that arrangements would be made to address the matter by means of staff supervision. Observation of the environment confirmed that no other COSHH deficits were evidenced.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the notification of incidents.

### **Areas for improvement**

An area for improvement under the standards was made in relation to staff training, specifically regarding, challenging behaviours.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1



## 6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing staff were required to attend a handover meeting at the beginning of each shift. Nursing staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition and they were encouraged to contribute to the handover meeting. The majority of care staff also confirmed that although they were not required to attend this handover meeting they were given necessary updates from nursing and care staff in relation to the general well-being and care needs of patients. However, some staff who were spoken with did express concerns in relation to the effectiveness of such communication between staff. Staff comments included:

"Communication could be better ... sometimes not as thorough."

Staff comments in regards to communication were discussed with the registered manager who stated that since the previous care inspection a new daily handover sheet had been introduced for staff to use in addition to a communication diary for care staff. While some staff did state that communication between staff had improved as a result of these initiatives it was agreed with the registered manager that he would reassess ongoing communication between staff to ensure that it remained effective. This aspect of staff communication will be reviewed during future inspections.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Weaknesses were identified in relation to the management of patients who presented with distressed reactions and behaviours which staff found challenging. The care record for one such patient evidenced that their risk assessments relating to communication and behavioural needs lacked sufficient detail. Also, the patient's care plans were found to be contradictory in places and lacked sufficient information in regards to significant and ongoing nursing interventions. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was made. Weaknesses relating to the management of challenging behaviour training is also discussed further in section 6.4.

Deficits were also identified in regards to the catheter care of patients. Although the care records for one patient who required catheter care did evidence that the delivery of such care was generally in compliance with the care being prescribed it was noted that such records did evidence some inaccuracies. For instance, although care records stated that the patient's catheter should be replaced every 12 weeks, it was highlighted that this duration had been exceeded by a period of one to two weeks on two occasions throughout 2017. It was further noted that staff had incorrectly calculated the period between catheter changes on both these occasions. This was discussed with the registered manager and it was stressed that staff must

diligently adhere to best practice standards in regards to catheter care and the completion of catheter care records. This will be reviewed during future care inspections.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multiprofessional team.

### Areas for improvement

An area for improvement under the standards in relation to care records was identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 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.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic manner which promotes the social, emotional, spiritual and psychological wellbeing of patients. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

Feedback received from several patients during the inspection included the following comments:

- "They're very kind here."
- "The staff are marvellous."
- "I'd recommend it here."
- "The girls are very good to me."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one patient, two patients' relatives and one staff member completed questionnaires with all respondents expressing satisfaction with the delivery of care.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that the dining areas being used appeared to be generally clean, tidy and appropriately spacious for patients and staff. Staining within the ground floor dining area is referenced in section 6.4 of this report. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff comments in relation to communication within the home are discussed in section 6.5.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and staff evidenced that there was one patient who was identified as requiring care within an alternative and more suitable category of care. Further discussion with registered manager during and following the inspection confirmed that arrangements were in progress to actively address this matter. It was confirmed with the registered manager that the home must continue to operate within its registered categories of care at all times.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Discussion with the registered manager and review of the home's complaints records evidenced that no complaints had been received since the previous care inspection.

Patients' relatives spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that effective systems were in place to monitor and report on the quality of nursing care and other services provided.

Shortfalls were highlighted in regards to the induction of agency staff. Discussion with care staff and the registered manager evidenced that while an agency staff member had received orientation to the home upon arrival, this was partial and inadequate. This was highlighted to the registered manager and an area for improvement under the standards was made.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place. Review of the accompanying action plan did highlight that some required remedial work was ongoing. This was highlighted to the registered manager who agreed to update RQIA immediately upon confirmation that such works had been completed. This information was shared with the RQIA estates team for their information and action, as appropriate.

Governance records also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

A review of records further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available. It was also noted that LOLER and servicing records had been reviewed on a monthly basis by the registered manager. This practice is commended.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints.

### Areas for improvement

An area for improvement under the standards was made in relation to the induction of agency staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vasco Alves, registered 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	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2018	The registered person shall ensure that a robust governance process is implemented to allow for challenging behaviour training to be quality assured and that systems are in place to ensure that all appropriate staff have attended such training.  Ref: Section 6.4.
	<b>Response by registered person detailing the actions taken:</b> This pertained to one identified service user who was being cared for whilst an alternative more suitable placement was sought. The service user in question was then transferred, however distressed reactions management training will be provided to all staff as required and manager will oversee attendance and act accordingly.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in relation to the management of challenging behaviours: <ul style="list-style-type: none"> <li>• care plans relating to such patients will contain comprehensive and consistent information in relation to the management of such behaviours,</li> <li>• risk assessments for such patients will be completed in a comprehensive and consistent manner as they relate to such behaviours</li> </ul> Ref: Section 6.5.
	<b>Response by registered person detailing the actions taken:</b> This pertained to one identified service user who was being cared for whilst an alternative more suitable placement was sought. The service user in question was then transferred. All nurses are encouraged to ensure that all information correlates in care file, including needs assessment, risk assessment, care plans and progress notes. Review of the care plans is on going using the resident care traca and identified deficits will be addressed.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all agency staff undergo a thorough and effective induction prior to commencing work within the home.</p> <p>Ref: Section 6.7.</p> <p><b>Response by registered person detailing the actions taken:</b> An agency file is available for staff and they have been advised to ensure that an induction is completed will all agency staff. this will be monitored by the manager.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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