

Inspection Report

22 July 2021



The Model Care Home

Type of Service: Nursing Home
Address: 1 Portrush Road, Ballymoney, BT53 6BX
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Model Group (NI) Ltd Responsible Individual Mrs Jane Bell	Registered Manager: Miss Lyndsay McNeill- Acting Manager
Person in charge at the time of inspection: Miss 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: 18
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 36 persons. Patients' bedrooms are situated over two floors of the home and patients have access to communal dayrooms, dining rooms and garden spaces.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2021 at 7.00 am until 5 00pm by care and estates inspectors.

Staffing arrangements were found to be safe, effective and adjusted as and when required following regular review of patients' dependency levels. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Patients were seen to be well looked after. Patients who required assistance with mobility, changing position and/or consuming meals were seen to be attended to by staff in a prompt and compassionate manner.

Patients expressed positive opinions about the home and the care provided. Patients told us that staff were friendly and very good and most were satisfied with the food provided.

RQIA were assured that the delivery of care and services provided in The Model was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to further improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Lyndsay McNeill, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Five patients, nine staff and two visitors were spoken with during the inspection.

Patients told us that they were satisfied with the service in the home. They described staff as "Very Good" and "Helpful. Observation during the inspection indicated that patients' needs were met in a timely manner.

Patients said that they were happy in the home and enjoyed their meals stating that they are "well fed".

Visiting and care partner arrangements in the home were ongoing and one patient described how they looked forward to the visits from their loved ones.

Staff spoke positively about working in the home and advised there was good teamwork within the home. Staff spoken with said, "Everyone gets on well here".

Visitors spoken with told us they were happy with the service provided.

No responses to the resident/ relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (d) (iii) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation on the day of inspection evidenced that this area for improvement was met as stated.	
Area for Improvement 2 Ref: Regulation 29 Stated: First time	The registered person shall ensure the monthly monitoring reports include consultation with patients' relatives.	Met
	Action taken as confirmed during the inspection: A review of monthly monitoring reports evidenced that this area for improvement was met as stated.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and will be discussed further in section 5.2.2 This area for improvement has not been fully met and will be stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly and an induction to their role was provided.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses available on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they were adequately trained to conduct their roles and that everyone was aware of their own roles and responsibilities within the team. Staff told us that they had adequate supplies such as cleaning materials and Personal Protective Equipment (PPE) and advised us that they had recently requested a further item of manual handling equipment which management were addressing.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis. The duty rotas accurately reflected the staff working in the home over a 24 hour period. The nurse in charge of each shift in the absence of the manager was highlighted so staff were aware who was in charge of the home at any given time.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff available in the home to respond to the needs of patients. Staff spoken with advised they were happy with the staffing levels of the home and that they were kept under review.

Patients told us that staff were “great” and “very friendly” during interactions and that they felt that the home was “first class”. Patients told us that they were satisfied with the staffing levels in the home. The manager discussed the ongoing recruitment for the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients’ needs, their daily routine, likes and dislikes. Staff confirmed the importance of good communication within their team and the home manager. Staff told us they felt supported by the manager.

Staff were seen to provide a prompt response to patients’ needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful during interactions and to communicate clearly for example when assisting a patient with personal hygiene needs.

Staff were observed attending to patients' needs in a timely manner and to maintain patient dignity by offering personal care discreetly and ensuring patient privacy during personal interventions. Patients were offered choices throughout the day, from where and how they wished to spend their time and what activities they wished to avail of

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. The care records for one patient, who had been readmitted after a period of time away from the home, evidenced that the patient's risk assessments and care plans had not been reviewed on readmission to ensure that their previously assessed needs had not changed. This was discussed with the manager and identified as an area for improvement.

The records for one patient who required wound care was reviewed. Following review by the tissue viability nurse (TVN) a change to a dressing regime required had not been updated on the care plan and the evaluation of care did not fully reflect the recommendations. This was discussed with the manager and an area for improvement previously identified in this regard was partially met and will be stated for a second time. A 10 day delay in obtaining the new dressing products was also identified and this was discussed with the manager who agreed to address this with the pharmacy.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. A sample of records reviewed evidenced some gaps in the recording and the charts not accurately recorded. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, crash mats or bedrails were in use, patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Breakfast and lunch servings were observed and found to be pleasant, social and unhurried experiences for patients. The food looked and smelled appetising and portion sizes were generous. For patients who chose to have their meal in their bedrooms meals were delivered on trays, however, we observed no covering had been placed over the meal which could affect the meal temperature. This was discussed with the manager and an area for improvement was identified.

There was a variety of drinks on offer and the menu was available for the patients to see what the options were. Staff completed a meal choice sheet to inform the kitchen what options were requested by the patients. The provision of extra drinks during the hot weather was also observed.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to speech and language therapy (SALT) or dietetics, and any recommendations made were detailed in the patients' individual care records. One patient's nutritional care plan indicated that the patient was on a modified diet; the record of these directions from the SALT was not available in the home to confirm the

details were correct. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms and bathrooms, and storage spaces. The home was clean, warm, well-lit and free from malodours. There was evidence of ongoing redecoration and refurbishment in the home.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. Some minor infection prevention and control issues identified were addressed on the day of the inspection.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Bedrooms and communal areas were found to be well maintained and suitably furnished.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and PPE was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current guidance.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. One staff member was observed wearing a watch that was removed and one staff member had nail varnish on. This was discussed with the manager who agreed to address this.

Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance.

We reviewed a sample of building services maintenance validation certificates, risk assessments, and building user inspection/test log book records.

The fire risk assessment and legionella risk assessment documents reviewed were dated 21 June 2021 and 8 May 2019 respectively.

A number of building maintenance validation items were identified as requiring additional clarification.

- Lifting Operations and Lifting Equipment Regulations (LOLER) `through` examination report for the passenger lift installation was not available for review
An e-mail communication from the registered individual dated 5 August 2021 provided a copy of 29 July 2021 LOLER report.

- The electrical installation BS7671 periodic inspection report was not available for examination.
E-mail communications dated 3 August and 13 August 2021 provided a copy of the 28 June 2018 BS7671 remedial works completion certificates.
- There was no emergency power generator provision available.
Management confirm that an emergency generator hire provision has been included in business continuity planning.
- The legionella risk assessment document should be reviewed as the named individuals in the roles & responsibilities section have been altered, and the action plan recommendations section completed items should be validated.
E-mail communication received from the registered individual on 24 August 2021 confirms that a review has been completed and valid evidence will be submitted for RQIA estates inspector review.

An area for improvement was identified in regard to the legionella risk assessment and confirmation of the generator hire provision.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example, some patients preferred to spend time in their bedrooms; some used the communal areas and some patients were seen to move between communal and personal spaces.

The home's activity coordinator was observed doing some one to one activities with the patients and various pieces of arts and crafts and photographs were on display. The activity co-ordinator confirmed the ongoing activities in the home including the weekly planner and the visits arranged from a local ice cream van. She discussed the recent contact she had had with a company who supplied some individual MP3 players for patients with music of their choice on them.

One patient who chose to stay in her room told us she was happy with this arrangement. For some patients who preferred to remain in their rooms, it was observed that there was no access to items such as television or radios. This was discussed with the management who advised us that new televisions were ordered and whilst some radios were available they would purchase more if needed.

Patients and staff confirmed that there was regular visits from family members. Written information had been sent to all patients' next of kin explaining the DoH Care Partner initiative and a number of relatives availed of this offer. Relevant risk assessments and care partner agreements were in place. Staff members told us they were glad to see the visitors to the home and felt that this helped boost the morale in the home.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Discussions with staff also evidenced that they understood their roles and responsibility in reporting concerns or worries about patient care, staffs' practices or the environment.

There had been no changes in the management of the home since the last inspection. Miss Lyndsay McNeil remains the acting manager for The Model Care Home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home however some staff were unaware of this. This was discussed with the manager who agreed to address this. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin and their care manager, however, some of the accidents had not been notified to RQIA appropriately. This was discussed with the manager and identified as an area for improvement.

The manager maintained records of compliments received about the home and shared these compliments with staff. One recent thank you card said, "Thank you so much for taking great care of xxx".

A review of records evidenced that not all expressions of dissatisfaction or complaints were recorded appropriately. Whilst it was observed that complaints had been adequately addressed the complaints records had not been completed. This was discussed with the manager and an area for improvement was identified.

Staff commented positively about the management team and described them as supportive, approachable. Discussion with the manager and staff confirmed that there were good working relationships.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients were seen to make choices throughout the day; from the care they received to how they spent their time. Staff were observed to be attentive to those patients who were unable to verbally express their needs.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

Patients were observed to be happy in their surroundings and positive interactions with staff were observed. Staff and visitors were positive when discussing the service provided in.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team. This service will be further enhanced with compliance in the areas of improvement identified.

7.0 Quality Improvement Plan/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 Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	3	5*

*The total number of areas for improvement includes one under the standards that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Lyndsay McNeill, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that patients' risk assessments are reviewed upon readmission to the home. The updated risk assessments must inform the patients' care plans.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Supervision with all RNs completed and staff meeting to clarify. • Audit completed weekly for all readmissions • Appropriate action to be taken to address poor practice.
Area for improvement 2 Ref: Regulation 14. (2)(a) & (c) Stated: First time To be completed by: 30 September 2021	<p>The registered person shall submit to RQIA estates inspector copies of the following documents:</p> <ul style="list-style-type: none"> • Legionella risk assessment and revised scheme of control; • Contract agreement details with the plant hire company relating to emergency generator contingency provision. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Legionella Risk assessment submitted to RQIA 31.08.21. • Generator can be accessed from McLaughlin Harvey under our current contract arrangements. Hook up point installed. • Fire Alarm and nurse call have battery backup for 12-18 hrs • Emergency lights battery back up anywhere from 6 – 18 hrs • If a storm is expected a generator would be hired for a week in anticipation of power failure.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that RQIA are notified in accordance with Regulation 30. Refer to Provider Guidance available on our website: www.rqia.org.uk</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • HM has read guidance and discussed with Inspector. All incidents that require notification will be submitted as required and in accordance with regulation. • Regulation 30 reports will be monitored by the RI through monthly regulation 29 visits.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 4 Stated: Second 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: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • Weekly wound audits are being completed by HM and DHM • Supervision with all RNs completed • Highlight at RN meetings and clinical governance meetings • Appropriate action to be taken to address poor practice.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 30 September 2021	The registered person shall ensure that all supplementary repositioning records shall be completed in an accurate, comprehensive and contemporaneous manner at all times. Ref: 5.2.2
	Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • Commencement of digital recording system for care staff • Monitored daily by RN • Audit weekly by HM • Supervision all staff on the importance of contemporaneous recording and reporting.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediately and ongoing.	The registered person shall ensure a copy of guidance issued for patients in relation to their dietary requirements from the speech and language therapist (SLT) is obtained and retained in the home for reference. Ref: 5.2.2
	Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • SALT assessment is requested for all admissions • SALT requirements are detailed in the resident's risk assessment and care plan. They are verified with assessments received on admission. • RNs aware to request SALT information as discussed in RN meeting

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing.</p>	<p>The registered person shall review the current system for providing patients their meals in their bedrooms to ensure the temperature of the meal is maintained.</p> <p>Ref : 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Hot food trolley now used to serve meals to residents on first floor. • Supervision with staff regarding the use of covers on meals and correct settings for tray servings.
<p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing.</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with the complainants ; the result of any investigation ; the action taken and whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • All verbal and written complaints and concerns will be documented with action taken to resolve recorded. • The RI will monitor complaints monthly through the regulation 29 visits. • A monthly summary of complaints will be maintained.

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



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