



Unannounced Care Inspection Report 7 and 8 August 2019



The Model Care Home

Type of Service: Nursing Home

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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.

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

3.0 Service details

Organisation/Registered Provider: Four Seasons (No 11) Limited Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager and date registered: Anne Martina Mullan – acting manager. No application required.
Person in charge at the time of inspection: 7 August 2019 – Staff Nurse John Diamond 8 August 2019 – Staff Nurse Margaret Akayi	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: 7 & 8 August 2019 – 10 patients

4.0 Inspection summary

An unannounced care inspection took place on 7 August 2019 from 11.00 to 12.30 hours. An unannounced finance inspection took place on 8 August 2019 from 15.00 to 18.50 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 inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified in regard to managerial arrangements, governance oversight and ensuring that records are available for inspection at all times.

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	*8	*6

*The total number of areas for improvement includes four under regulation and two under the standards which have been carried forward for review at the next care inspection.

In the absence of the acting manager, details of the Quality Improvement Plan (QIP) were discussed with John Diamond, staff nurse, on 7 August 2019. Inspection findings arising from our visit on 8 August 2019 were discussed with Louisa Rea, regional manager, and Claire Wilkinson, manager of an adjacent FSHC care home. 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 20 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 August 2018. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Due to the focus of this inspection, a range of records relating to managerial oversight and governance arrangements within the home were examined and/or discussed during the inspection, including:

- staff training records for the period 2019/20
- accident and incident records
- governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

- staff duty roster
- minutes of staff / relatives' meetings
- patient dependency assessments
- staff selection and recruitment records
- a sample of patient comfort fund records

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met. Areas for improvement arising from the previous care inspection were not reviewed and have been carried forward to the next care inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

One area for improvement arising from the previous finance inspection was unable to be reviewed and has been carried forward to be reviewed at a future inspection. This is referenced further in Section 6.3.2.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care to patients:</p> <ul style="list-style-type: none"> • A comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required. The use of any pressure relieving equipment should also be accurately referenced. • Supplementary wound care records shall be completed/maintained in a comprehensive, contemporaneous, clear and accurate manner at all times. • Daily nursing entries relating to wound care will evidence meaningful evaluation of all ongoing wound care in an accurate manner at all times. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all supplementary fluid balance records are completed/maintained in a comprehensive, contemporaneous and accurate manner at all times. Daily nursing entries shall also regularly evidence meaningful and accurate review of such supplementary records</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

6.2 Inspection findings

6.3 Is care safe?

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

6.3.1 Managerial oversight / Governance arrangements

Prior to the inspection, an application had been submitted to RQIA with regard to the appointment of an acting manager following transfer of the registered manager to another post within Four Seasons Health Care (FSHC). The application was approved by RQIA on 10 June 2019.

Upon arrival to the home we were greeted by a member of the nursing team who advised us that the acting manager was currently on leave. We were advised that the acting manager had been on leave from 24 July 2019 and that temporary managerial oversight was currently being provided by another FSHC nursing home manager “by telephone.” It was also noted that a member of the nursing team had been granted supernumerary working hours consisting of one day per week to focus on completing governance audits.

Review of the duty rota highlighted that from 1 to 24 July 2019, the acting manager had worked a total of 10 shifts within the home. During weeks commencing 8 and 22 July 2019, the acting manager had been within the home on 2 occasions during each of those weeks. The need to ensure that the manager works sufficient hours in a management capacity to facilitate governance systems within the home being sufficiently and consistently robust was stressed. The regional manager agreed to review the managerial arrangements and advise RQIA accordingly. An area for improvement was made.

Following the inspection, an application was made to RQIA on 19 August 2019 regarding the appointment of a new acting manager. This application has subsequently been approved by RQIA.

Discussion with nursing staff, the regional manager and review of records evidenced that there were 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). However, review of records regarding the NISCC registration of staff highlighted that information relating to five care staff had not been effectively reviewed on a monthly basis by the acting manager. While we confirmed that the NISCC registration status of these staff was up to date, governance records did not consistently reflect this or provide assurance that this information was being effectively monitored within the home by the acting manager. In addition, discussion with nursing staff highlighted that the arrangements for reporting potential NISCC/NMC registration concerns to the manager providing telephone support were not sufficiently robust. An area for improvement was made.

We also reviewed governance audits within the home. Although recent care record audits for three patients highlighted a number of required improvements, review of these audits was overdue. Verbal feedback from nursing staff confirmed that the necessary improvements to the patients' care records had been made. It was also noted that a wound care audit which had been conducted by a nurse had yet to be reviewed by the acting manager. Also, an audit of the use of

bed rails within the home which had been carried out in July 2019 had not been reviewed by the acting manager. An area for improvement was made.

Review of governance audits for accidents/incidents confirmed that on a monthly basis these were analysed to identify patterns and trends. While records evidenced that there had been 10 accidents/incidents throughout July 2019, no analysis of this information had been carried out. An area for improvement was made.

We also discussed how information is shared by the acting manager with nursing/care staff, including safety alerts relating to patient care. It was noted that information regarding an 'Internal learning alert' by the Northern Health and Social Care Trust (NHSCT) had not been shared with relevant staff. We were not assured that such information would be communicated to staff in a timely and effective manner. An area for improvement was made.

Discussion with nursing staff highlighted that a patient had been recently admitted into the home. However, the assessed dependency of all patients within the home had not yet been reviewed and updated to reflect this. The need to ensure that the dependency of patients is regularly and effectively monitored to ensure that staffing levels within the home remain appropriate was stressed. An area for improvement was made.

Feedback from the regional manager confirmed that monthly monitoring reports were completed in accordance with Regulation. However, these reports were unavailable to RQIA on 8 August 2019. While these reports were submitted to RQIA following the inspection, it was highlighted that such information should be available to inspectors at all times. It was also highlighted that there should be clear evidence that such reports are being reviewed and acted upon by the manager on an ongoing basis. Staff recruitment information was also unavailable for inspection. It was highlighted to the regional manager that such information should be available to inspectors at all times. An area for improvement was made.

6.3.2. Management of service users' monies

A finance inspector visited the home on 7 August 2019 to validate the areas for improvement identified in the previous finance inspection of the home carried out on 23 March 2015.

A discussion was held with the registered manager of the adjacent nursing home (The Court Care Home), the nurse in charge of the Model Care Home and the acting home administrator for the Model Care Home. These discussions established that on the day of the inspection, due to a last minute change in management arrangements, there was no access to the patients' financial files, as the keys for the locked cabinet used to store the records was held by personnel who were not available on the day of the inspection. In light of this, two of the three areas for improvement from the previous finance inspection could not be validated and these areas are therefore carried forward to the next inspection. An area for improvement has been made to ensure that records are available for inspection at all times. This area for improvement is also referenced in Section 6.3.1.

A third area for improvement related to the repayment of monies to the patients' comfort fund of expenditure which should have been met by the home. Evidence was provided as part of the inspection which confirmed that this matter had been addressed. This area for improvement was therefore validated as met.

Areas for improvement

Areas for improvement were identified in relation to managerial oversight, governance arrangements and in regard to ensuring that records are available for inspection at all times.

	Regulations	Standards
Total number of areas for improvement	4	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with John Diamond, Staff Nurse, on 7 August 2019 as part of the inspection process. The findings of the inspection on 8 August 2019 and details of the QIP were discussed with Louisa Rea, regional manager, and Claire Wilkinson, manager of an adjacent FSHC care home, at the conclusion of the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2015</p>	<p>The registered person shall ensure that there is no unnecessary delay in notifying patients of any increase in the fees payable. Updated agreements, reflecting up to date fees, payment arrangements and any other relevant financial arrangements should be provided to patients as soon as the relevant details have been confirmed to the home.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the updated agreement, this must be recorded.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care to patients:</p> <ul style="list-style-type: none"> • A comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required. The use of any pressure relieving equipment should also be accurately referenced. • Supplementary wound care records shall be completed/maintained in a comprehensive, contemporaneous, clear and accurate manner at all times. • Daily nursing entries relating to wound care will evidence meaningful evaluation of all ongoing wound care in an accurate manner at all times. <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 8 August 2019</p>	<p>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.3.1. and 6.3.2.</p> <p>Response by registered person detailing the actions taken: Acting Home Manager has the keys and is working in the building during office hours. During out of hours, Home Manager's home address is five minutes from Home and can be contacted for same. Also, nurse in charge holds office keys so governance/finance files are accessible.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that that the manager works sufficient hours in a management capacity to facilitate that governance systems within the home are sufficiently and consistently robust.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: New Acting Home Manager has been working approximately four days per week since appointment and is on call the other day.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that there are robust arrangements in place for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Acting Home Manager checks NMC and NISCC register robustly and same is evidenced in monthly checks. NMC checks are carried out on the 7th of each month and the last Friday in the month and the NISCC check is carried out on the 5th.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that monthly monitoring reports are available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home. These reports should also evidence meaningful and timely review by the manager.</p> <p>Ref: 6.3.1.</p> <p>Response by registered person detailing the actions taken: All reports carried out monthly by the Home Manager and are in the office accessible by Nurse in Charge in chronological order by month.</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 4.2</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2015</p>	<p>The registered person shall ensure that the manner in which the details of the person(s) paying the fees and the methods used are recorded on patients' individual agreements consistently.</p> <p>Ref: 6.6</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all supplementary fluid balance records are completed/maintained in a comprehensive, contemporaneous and accurate manner at all times. Daily nursing entries shall also regularly evidence meaningful and accurate review of such supplementary records</p> <p>Ref: 6.3.1.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2019</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits, care record audits, wound care audits and bed rail audits.</p> <p>Ref: 6.3.1.</p> <p>Response by registered person detailing the actions taken: All audits are carried out in line with FSHC clinical governance. These are completed by the Acting Home Manager and include restraint, care file, bed rail checks and any wounds within the Home. These are carried out at least monthly .</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that on at least a monthly basis accidents/incidents occurring in the home are analysed to identify if any patterns or trends are emerging. Following this review an action plan should be devised to address any identified deficits.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Accident analysis is completed at the end of every month to determine any patterns/trends so appropriate action can be taken.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is implemented and monitored which ensures that relevant safety alerts are communicated to staff in a timely and effective manner.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: Safety alerts are received via email and censored by Home Manager and disseminated if applicable to staff members.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the dependency of all patients within the home is effectively monitored and reviewed in a timely manner following the admission or discharge of patients.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: CHESS audit is carried out monthly and altered if there are any changes to dependency or in the case of a new admission/death.</p>

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



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