



# Unannounced Care Inspection Report 27 January 2020



## The Model Care Home

**Type of Service: Nursing Home**  
**Address: 1 Portrush Road, Ballymoney BT53 6BX**  
**Tel No: 0282766 4502**  
**Inspectors: Caroline Rix**

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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 provides care for up to 36 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons (No 11) Limited  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager and date registered:</b> Lyndsay McNeill – acting manager. No application required.
<b>Person in charge at the time of inspection:</b> Lyndsay McNeill	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 9

### 4.0 Inspection summary

An unannounced inspection took place on 27 January 2020 from 09.35 hours to 14.00 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous finance inspection were also reviewed and validated as required.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lyndsay McNeill, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 7 and 8 August 2019

The most recent inspection of the home was an unannounced care and finance inspection undertaken on 7 and 8 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home on the day of inspection.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned to RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire; no surveys were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 20 January to 2 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- incidents/ accidents and notification records
- one staff recruitment and induction file
- two patient care records
- two patient care charts including food and fluid intake charts
- a sample of governance audits/records
- complaints records
- compliments received
- monthly quality monitoring reports for November and December 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

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

## 6.0 The inspection

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

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 5 (2) (a) (b)  <b>Stated:</b> First time	<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>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified each patient/representative had an individual agreement. Information had been provided to each patient/representative in December 2019 regarding any changes to the individual agreements.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> 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.  <b>Action taken as confirmed during the inspection:</b> The inspector found cupboards were locked which contained cleaning chemicals. Domestic staff were observed keeping their trolleys safely while working in individual bedrooms and communal areas. No cleaning chemicals were found to be unattended.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.  <b>Action taken as confirmed during the inspection:</b> The inspector found all medicines were stored safely and securely in the home at the time of inspection.	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure the following in relation to the provision of wound care to patients: <ul style="list-style-type: none"> <li>• 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.</li> <li>• Supplementary wound care records shall be completed/maintained in a comprehensive, contemporaneous, clear and accurate manner at all times.</li> <li>• Daily nursing entries relating to wound care will evidence meaningful evaluation of all ongoing wound care in an accurate manner at all times.</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records that verified patients care plans had been expanded. The use of pressure relieving equipment had been accurately referenced. Records contained details of the wound dressing regime, a body map and photograph of the wound. Nursing entries relating to wound care were found to evidence evaluation of individual wound care had been completed in an accurate manner.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (3) (b)</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed and discussed with the manager arrangements which have been introduced to ensure records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority. The inspector confirmed records are available as required.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records and discussed with the manager their working hours. The inspector is satisfied that the manager has sufficient hours allocated for her management role and these are being consistently maintained and reviewed by senior management.</p>	



<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 20 (1) (c)  <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified robust arrangements are in place for monitoring and reviewing the registration status of nursing staff with the MC and care staff with NISCC.</p>	<b>Met</b>
<b>Area for improvement 8</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> The inspector reviewed and discussed with the manager arrangements which have been introduced to ensure that monthly monitoring reports are available for inspection in the home by any person authorised by the Regulation and Improvement Authority. The inspector evidenced that reports have been discussed and reviewed with the manager.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified details of the person(s) paying the fees and the methods used have been recorded on patients' individual agreements consistently.</p>	<b>Met</b>



<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified supplementary fluid balance records were being completed and maintained in a comprehensive, contemporaneous and accurate manner. Daily nursing entries evidenced meaningful and accurate review of such supplementary records is being completed.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that verified a robust system of audits has been implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. All the required elements were being audited in line with current best practice as required and within the organisations clinical governance procedures.</p>	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<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>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records that verified an analysis of all accidents/incidents occurring in the home has been completed at least monthly. Any patterns or trends identified have generated an action plan to address identified matters.</p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records that verified a system has been implemented for ensuring all relevant safety alerts are communicated to staff in a timely and effective manner.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed records and discussion with the manager verified monitoring and review of the dependency of all patients within the home is completed on a regular basis following the admission or discharge of patients. The use of a recognised management tool, Care Home Equation for Safe Staffing (CHESS), was viewed dated 24 January 2020.</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.**

The manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. Staff indicated that the number of care staff had decreased recently because the number of patients has reduced. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; no responses were received.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a small number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due for updating.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

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

#### 6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Review of two patient's care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

There was evidence of referrals having been made to relevant health care professionals, such as dietician or speech and language therapist (SALT). Patients care plans included recommendations from the dietician and/or SALT which were regularly reviewed and shared with catering staff.

Feedback from patients' included the following comments:

- "I am well looked after, I have no problems living here."
- "I love it here. I think they are very good to me. My granddaughter visits me most days; other family have to work so can't visit every day."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- "The care is very good. We get to know our residents so well over years sometimes - it is a very rewarding job. We do everything we can to be sure our resident's choices are respected."
- "Team work is very good and we all work together to make the residents comfortable. We have good training to be able to do our job to the best standard."

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients' choices had been sought in advance. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Music was playing in the background. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients' food and fluid intake was maintained; records reviewed were up to date.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.5 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.**

The inspector spoke with two patients about their experience of living in The Model Care Home. Patients were complimentary about life in the home, they commented:

- “I am happy living here; I have my own room which is fine. I had a good Christmas and family visit me regularly.”
- “I like living here. My new chair was made just for me and is very comfortable, I can see round me much more now.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients' privacy.

Staff stated that;

- “We get to know the patients very well and it is like a big family here.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged that had been received by the home, an example included:

- ‘The communication with family and staff was excellent.’

During the inspection the inspector observed the skills of the staff team in managing a sensitive matter. The communication by the manager and staff with those involved was dignified and respectful.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of 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

## 6.6 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.**

There had been a change in management arrangements since the last inspection. The appointment of the acting manager in September 2019 was described in positive terms by staff spoken with on day of inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for November and December 2019. These reports had been completed by the regional manager and were appropriately detailed with a wide range of information included and an action plan to address any issues identified.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- "It's good here; I have been working here for many years and it is rewarding when families tell us how happy they are with everything."
- "The teamwork and support is very good. We can raise ideas or issues with the manager at any time, she is very approachable."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.



**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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