

# Unannounced Care Inspection Report

## 31 August 2017



## The Model Care Centre

**Type of Service: Nursing Home**

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

**Tel No: 028 2766 4502**

**Inspector: James Lavery**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 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><br>Four Seasons (No.11) Limited<br><b>Responsible Individual:</b><br>Dr. Maureen Claire Royston  | <b>Registered manager:</b><br>Mr. Vasco Alves   |
| <b>Person in charge of the home at the time of inspection:</b><br>Mr. Vasco Alves   | <b>Date manager registered:</b><br>14 April 2017  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>LD(E) – Learning disability – over 65 years.<br><br>Residential Care (RC)<br>PH – Physical disability other than sensory impairment.<br>I – Old age not falling within any other category. | <b>Number of registered places:</b><br>35 comprising:<br>NH-LD(E), NH-I, RC-I, RC-PH<br><br>Room numbers 11,12 & 14 cannot be used by people with mobility problems. 1 identified patient in category NH-LD(E). |

### 4.0 Inspection summary

An unannounced inspection took place on 31 August 2017 from 09.25 to 16.40 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 term 'patients' is used to describe those living in The Model Care Centre which provides both nursing and residential care.

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 promoting a culture of teamwork within the home; adult safeguarding; the spiritual care of patients; the dining experience of patients and governance arrangements for quality assurance and service delivery.

Areas for improvement under regulation were identified with regards to governance processes relating to the selection and recruitment of staff.

An area for improvement under the standards was identified in relation to the interior signage of the home.

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> | 1           | 1         |

Details of the Quality Improvement Plan (QIP) were discussed with Vasco Alves, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 25 January 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 January 2017. There were no further actions required to be taken following the most recent 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

The inspector met with 11 patients, seven staff and two patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 14 to 27 August 2017
- 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
- induction and orientation records for agency registered nurses and care staff
- 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; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- 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.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 25 January 2017**

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### **6.2 Review of areas for improvement from the last care inspection dated 22 November 2016**

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

### 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 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 the patients were met. A review of the staffing rotas from 14 to 27 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

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.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. While the majority of patients' bedrooms did have appropriate signage it was observed a number of patients' bedrooms did not. This was highlighted to the registered manager who confirmed that new signage had been ordered for these rooms and would be in place as soon as possible. The importance of having such signage in place in order to promote the orientation of patients at all times was emphasised and an area for improvement under standards was stated.

A review of the environment identified one area where chemicals were not stored in compliance with Control of Substances Harmful to Health (COSHH) regulations. This was highlighted to the registered manager who immediately ensured that the chemicals were stored securely. The importance of all staff adhering to COSHH regulations was stressed.

## Areas of good practice

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

## Areas for improvement

An area for improvement under standards was identified in relation to interior signage.

|  | Regulations | Standards |
|--|-------------|-----------|
| <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 and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. All staff who were spoken with confirmed that they felt able to contribute to the handover meeting if necessary.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

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

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 general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning and food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. Regular communication with patients' relatives/representatives within the daily care records was also evident. Care records also evidenced that patients' care needs were assessed promptly following admission with relevant care plans which prescribed care interventions being written in a timely manner.



In addition, care records for one patient who required the use of a pressure mat to alert staff whenever the patient attempted to mobilise unaided, demonstrated effective collaboration with the patient, family members and the multidisciplinary team. Records clearly demonstrated that this intervention was both proportionate and necessary. However, it was observed that nursing references to the use of this intervention within daily care records were inconsistent on occasion. This was highlighted to the registered manager and the need to ensure that contemporaneous records are sufficiently detailed was stressed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to multidisciplinary team working; communication between staff and the provision of staff meetings.

### 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 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. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"They look after me well."

"I like it here."

"It's a good place."

Furthermore, feedback received from a patient's relative during the inspection included the following comment:

"Vasco is great ... he's very approachable."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the standards regarding patient information and confidentiality.

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.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report, seven patients and seven staff returned their questionnaires. All respondents stated that they were either 'very satisfied' or 'satisfied' with the delivery of care. All comments received within the questionnaires were shared with the registered manager following the inspection.

Observation of the lunch time meal throughout the home evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be clean, tidy and appropriately spacious for patients and staff. Staff 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 in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients; awareness of and adherence to the dietary requirements and preferences 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         |

#### 6.7 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.

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 evidenced that the home was operating within its registered categories of care.

There were systems and processes 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.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Patients 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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management; infection prevention and control; environment; complaints; incidents and accidents. The registered manager confirmed that he conducted a daily walk around the home and completed a daily medication audit.

Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. 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.

Discussion with the registered manager and 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.

Discussion with the registered manager and review of recruitment records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

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

Weaknesses were highlighted with relation to governance processes for the selection and recruitment of staff. Review of these records for one member of staff evidenced that the person's previous work history was not fully available. Records for the same staff member also evidenced that the date on which their references were received by the home was not recorded. An area for improvement under regulation was stated.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery; management of complaints and monthly monitoring.

## Areas for improvement

An area for improvement under regulation was stated with regards to governance processes relating to the selection and recruitment of staff.

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

### 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan   |   |
|--|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 21 (1) (a) (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | <p>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.</p> <p>Ref: Section 6.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All staff starting employment at The Model Nursing Home will have references signed and dated by Home Manager on receipt of same. Also a complete previous work history will be sought with the potential employee prior to recruitment.</p> |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015)  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 43 Criteria (1)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>14 September 2017      | <p>The registered person shall ensure that appropriate signage is in place throughout the home to promote patient orientation and comfort.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All rooms in the home are now identified with appropriate signage.</p>   |

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
Twitter [@RQIANews](https://twitter.com/RQIANews)