



Unannounced Care Inspection Report

9 March 2020



Burleigh Hill House

Type of Service: Nursing Home (NH)
Address: 79 North Road, Carrickfergus, BT38 7QZ
Tel No: 028 9336 5652
Inspector: Julie Palmer

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.

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 35 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Lesley Catherine Megarity	Registered Manager and date registered: Emeliza Insaoriga 28 October 2016
Person in charge at the time of inspection: Deanna De Guzman-Nurse in Charge Joy Mamac-Deputy Manager	Number of registered places: 35
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. LD – Learning disability. Residential Care (RC) I – Old age not falling within any other category.	Number of patients accommodated in the nursing home on the day of this inspection: 27 The total number of registered beds will decrease to 33 once an identified nursing patient is no longer accommodated in room 44. Category NH-LD for 1 identified patient only. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced care inspection took place on 9 March 2020 from 09.30 hours to 13.45 hours.

The term 'patient' is used to describe those living in Burleigh Hill House which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing – including deployment
- recruitment
- training
- environment
- care records
- governance arrangements

Evidence of good practice was found in relation to staffing, recruitment, training, the home's environment, the culture and ethos and promoting good working relationships.

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 staff. Patients told us that:

- “This place is my home.”
- “The food is good.”
- “It’s great.”

It was positive to note that areas for improvement identified at the previous inspection had been met and no new areas requiring improvement were identified.

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 Joy Mamac, Deputy 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 10 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care and finance inspection findings, 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

Questionnaires 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.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 March 2020
- staff training records
- incident and accident records
- three patients' care records including repositioning charts
- a sample of governance audits/records and policies
- a sample of monthly monitoring reports
- RQIA registration certificate

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered person shall ensure that staff recruitment files maintained within the home contain the information required to confirm that the relevant pre-employment checks had been carried out prior to making an offer of employment.	Met
	Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that these contained the information required to confirm that the relevant pre-employment checks had been carried out prior to making an offer of employment.	

Area for improvement 2 Ref: Standard 47 Stated: First time	The registered person shall ensure that the identified domestic store is locked in order to comply with Control of Substances Hazardous to Health (COSHH).	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that the identified domestic store was locked.	

6.2 Inspection findings

Staffing

We discussed the planned daily staffing levels for the home with the nurse in charge who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels and told us that teamwork was good in the home.

We also sought staff opinion on staffing via the online survey; no responses were received.

The majority of patients spoken with indicated that they were very satisfied with staffing levels; one patient commented that staffing levels appeared to be “short sometimes” but were generally fine. We observed that patients who were in their rooms had call bells within reach and these were answered promptly. Staff were seen to treat patients with respect and kindness. Patients told us that:

- “I’m well looked after.”
- “The staff come as soon as they can.”
- “The carers are very nice and are good to me.”
- “It’s okay here I suppose.”

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires. Two responses were received from relatives both of whom indicated that they were satisfied/very satisfied with staffing levels and also that the care provided was effective, compassionate and well led.

Recruitment

We reviewed two staff recruitment files and evidenced that these contained the information required to confirm that the relevant pre-employment checks had been carried out prior to making an offer of employment; this area for improvement had been met.

Training

Discussion with the manager and review of training records evidenced that all staff had completed the relevant level of training in Deprivation of Liberty Safeguards (DoLS). All staff spoken with during the inspection demonstrated an awareness of DoLS and how they would ensure the appropriate safeguards were in place for those patients who required them.

Review of policies in place regarding adult safeguarding and DoLS evidenced that these were up to date and reflected the relevant legislation.

Environment

We looked at the home's environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluice rooms, dining rooms and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. New chairs had been purchased for the lounges. Patients' bedrooms were personalised with items that were meaningful to them. Fire exits and corridors were observed to be clear of clutter and obstruction.

An identified domestic store had a keypad lock system in place and we observed that the door was kept locked in order to comply with Control of Substances Hazardous to Health (COSHH). This area for improvement had been met.

Care records

We reviewed the care records for three patients and found these to contain a range of validated risk assessments which informed care planning for individual patients. There was evidence of referral to and recommendations from relevant health care professionals, such as the speech and language therapist (SALT), where required.

The care records for a patient who had a wound evidenced that wound care was provided according to the recommendations of the care plan and recording was up to date.

Care plans reviewed regarding pressure area care reflected the use of an airflow mattress, if required, and recommended repositioning schedules for the individual patient. Repositioning was recorded within individual patients supplemental care booklets. The records reviewed were up to date and in accordance with the recommended frequency of turning for individual patients, however, we observed that the recommended mattress setting was not recorded in the booklet in all cases; we brought this to the attention of staff for remedial action as required. We observed that, where patients remained in bed, airflow mattresses were set at the setting recommended in their individual care plan.

Daily records reviewed were up to date and reflective of individual patients care plans. Food and fluid intake records were maintained and these were also up to date.

Governance arrangements

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 also completed to review areas such as infection prevention and control measure, falls, use of restrictive practices and wounds.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However, review of accident/incident records evidenced that identified, very recent, incidents had not been notified to RQIA appropriately. We brought this to the attention of the deputy manager who apologised for her recent oversight in this area and ensured the notifications were made retrospectively on the day of the inspection. Review of notifications reported to RQIA since the inspection has evidenced that these have been submitted appropriately and without delay.

Staff spoken with told us that the manager was approachable and that they felt well supported in their role.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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