Inspection Report

27 & 28 September 2022

Burleigh Hill House

Type of service: Nursing Home
Address: 79 North Road, Carrickfergus, BT38 7QZ
Telephone number: 028 9336 5652

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation: MD Healthcare Ltd **Responsible Individual:** Mrs Lesley Catherine Megarity	**Registered Manager:** Mrs Emeliza Insauriga **Date registered:** 28 October 2016
Person in charge at the time of inspection: Mrs Emeliza Insauriga	**Number of registered places:** 35 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.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability.	**Number of patients accommodated in the nursing home on the day of this inspection:** 30
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 35 patients. Patients' bedrooms, communal lounges and dining rooms are located over two floors. A Residential Care Home is located within the Nursing Home and the Registered Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 27 September 2022 from 8.50 am to 4.40 pm and on 28 September 2022 from 10.30 am to 2.00 pm by a care inspector. The inspection was conducted over two days to facilitate the inspection of the residential home at the same time.

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

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another.

RQIA was assured that the delivery of care and service provided in Burleigh Hill House Care Home was safe, effective and compassionate and the home was well led by the Manager.

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

3.0 How we inspect

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

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

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

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

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

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

4.0 What people told us about the service

During the inspection we spoke with 12 patients, nine staff and two relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Burleigh Hill House. Patients described the staff as "very good", "great" and "they look after us very well". We were also told, "I have no worries at all, this is my home".

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. Staff members also said, “I love it here” and, “We are all like a wee community, all the staff are brilliant”.

One patient and their family members identified some issues regarding the night time routine; this was discussed with the Manager who agreed to speak to the identified patient and family.

5.0 The inspection

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

Areas for improvement from the last inspection on 25 January 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 29 **Stated:** First time	The registered person shall closely monitor the management of eye preparations to ensure these are administered as prescribed and records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients and that the required information was included in recruitment records. Staff members were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and furthermore; records for patients who required the assistance of two staff to reposition did not consistently evidence two staff signatures. An area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds, for example, the Podiatrist and were following any recommendations made by these professionals. Wound care had been managed well in the home.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate risk assessments were reviewed and updated post fall, however, the patient's care plans had not been updated to reflect the fall.

We discussed with the Manager the importance of updating both risk assessments and care plans post fall. The Manager agreed to discuss this with the registered nurses and ensure both are updated going forward; this will be followed up on the next inspection.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weights were checked at least monthly to monitor for weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. It was observed that some bedroom furniture was old and tired and in need of replacement; the Manager advised of an ongoing refurbishment plan for the home and the replacement of some pieces of bedroom furniture is included in this plan. Progress with the refurbishment works will be followed up at a future inspection.

The hairdressing room was observed unlocked; staff advised this room would not be routinely locked. This was discussed with staff and the Manager; as this room contains multiple hairdressing products which could be potentially hazardous to patients the room should be locked when not in use. A new lock was fitted by maintenance staff before the end of the inspection. The Manager should continue to monitor to ensure the room remains locked when not in use.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

The staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. A number staff were observed wearing watches and not bare below the elbow in keeping with best practice guidance, this was discussed with the Manager who agreed to address individually with the staff involved.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed they could remain in their bedroom or go to the communal lounges when they wished.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed in the foyer of the home. Activities included; quizzes, art and craft, games, flower arranging and sing-a-longs. The home was getting the best china ready for a Macmillan Cancer fundraising coffee morning the following week. The garden area has recently had a makeover and the activity therapist told us how the patients like to spend time out there.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed. Staff were also aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Care Standards for Nursing Homes (April 2015).**

	Regulations	Standards
Total number of Areas for Improvement	0	2

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 4.1 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 5.2.2
	Response by registered person detailing the actions taken: Supervision sessions have been carried out with the trained staff to highlight the importance of the pre-admission assessment and referral information to be in place within 24hours of admission and care plans to be in place within 5 days of admission. The Home Manager will monitor this closely.

Area for improvement 2 **Ref:** Standard 4.9 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan and if two staff are required to reposition the patient two signatures must be evidenced. Ref: 5.2.2
	Response by registered person detailing the actions taken: This was actioned immediately following the inspection. Discussion with staff and review of all repositioning records was carried out to ensure the delivery of pressure area care reflects what is prescribed in the residents' care plan. Residents' booklets have also been reviewed to ensure two signatures are evident if required. The Home Manager will continue to monitor this closely.

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

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