

# Unannounced Follow Up Care Inspection Report 15 January 2019



## Burleigh Hill House

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

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide nursing care and residential care for up to 56 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MD Healthcare Ltd  <b>Responsible Individual:</b> Lesley Catherine Megarity	<b>Registered Manager:</b> Emeliza Insauriga
<b>Person in charge at the time of inspection:</b> Emeliza Insauriga	<b>Date manager registered:</b> 28 October 2016
<b>Categories of care:</b> 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) A – Past or present alcohol dependence. I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 56 comprising:  a maximum of 22 Residential places. Category NH-LD for 1 identified patient only. Category RC-A for 1 identified resident only.

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2019 from 09.55 to 16.00.

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

This inspection focused on assessing the level of progress with the areas for improvement identified during the last care inspection on 7 August 2018, staffing levels, patients' dining experience and activities offered in the home.

We can confirm that all areas of improvement identified during the August 2018 inspection have been met.

Two areas for improvement were identified in relation to replacing shower chairs and fitting locks on identified bathroom/toilet doors.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Emeliza Insaoriga, registered manager and Heather Murray, Group Quality and Development Manager, as part of the inspection process. 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 7 August 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 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

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
- 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

During the inspection the inspector met with 13 patients, five patients' representatives and seven staff. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution by the registered manager to obtain feedback. A poster was provided for staff inviting them to provide feedback to RQIA via an on-line survey. The inspector also provided the registered manager with 'Have we missed you' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer.

The following records were examined during the inspection:

- nursing and care staff duty rotas from 7 January to 20 January 2019
- incident and accident records 7 August 2018 to 15 January 2019
- five patient care records
- a sample of governance audits
- a sample of monthly quality monitoring reports from August to December 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 7 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 7 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 44 Stated: First time	The registered person shall repair or replace the bath in bathroom 2 and fit a lock on the door and repaint toilet 2.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations and discussion with the registered manager evidenced that this area for improvement has been met. Refer to section 6.3.3 for details.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care plans are developed to reflect the current needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of five patients' care records evidenced that this area for improvement has been met.	

## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

Review of the nursing and care staff rotas from 7 - 20 January 2019 evidenced that staffing levels were maintained as planned. The registered manager confirmed that staffing levels were kept under regular review to ensure the needs of patients were met.

Observations and discussion with patients, relatives and staff evidenced that the number and skill mix of the staff on duty met the needs of patients safely and effectively.

We spoke with 13 patients individually and with others in small groups. Patients indicated that they were well looked after by the staff and felt safe and happy living in Burleigh Hill House, comments made included:

- “Staff are very busy but kind.”
- “Plenty of staff.”
- “Not enough staff.”
- “Generally good for what it is.”
- “Staff are very busy but do their best.”
- “All above board and very good.”
- “No complaints.”
- “Staff are great.”

We also sought the opinion of patients on staffing via questionnaires; none were returned within the timescale indicated.

We spoke with five patients' relatives who spoke positively regarding the care their loved ones received. We also sought patients' relatives opinion on staffing via questionnaires. Five questionnaires were returned; four relatives indicated that they were very satisfied with staffing arrangements; one relative indicated they felt there were not enough staff.

Details of comments made/received via questionnaires in relation to staffing were discussed with the registered manager on 4 February 2019 by telephone.

We received no responses to the staff online survey within the timescale indicated.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3.2 Care Records

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, patients' weight, moving and handling and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. There was evidence of regular review of care plans on a monthly basis and also as current needs changed.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records and repositioning evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

There was evidence that the care planning process included input from patients and/or their relatives, if appropriate.

## Areas for improvement

No additional areas for improvement were identified during the inspection.

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

### 6.3.3 Environment

We reviewed two identified bathrooms/toilets in the home to assess the level of progress and/or level of compliance with areas of improvement identified during the last care inspection. One bathroom had been refurbished and the other was waiting for the bath to be replaced. Discussion with the registered manager confirmed that the bath was due to be replaced in the near future during a planned refurbishment of this bathroom.

Other bathrooms/toilets were found to be clean, hygienic and in good decorative order, no malodours were detected. However, toilet two and bathroom three were both found to require locks to be fitted to the doors and two shower chairs required to be replaced to ensure they could be effectively cleaned. The registered manager stated she was in the process of researching which make and model of shower chair was least likely to rust as this was an ongoing problem; and that a rolling programme of replacement of equipment would continue.

## Areas for improvement

Two areas for improvement were identified in relation to replacing shower chairs and fitting locks on identified bathroom/toilet doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3.4 Provision of Activities

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Notice boards throughout the home displayed the weekly activities offered and these appeared to be suitable and meaningful for the needs and interests of the patients.

A podiatrist and a hairdresser were in the home on the day of the inspection and staff were observed assisting patients to avail of these services. The activity co-ordinator was on duty and we observed pleasant one to one interactions with the patients, for example, a sing-a-long with a gentleman who was waiting to see the podiatrist.

Patients who were unable or preferred not to join in group activities were offered alternatives such as hand massage and manicures. Staff interactions with patients were observed to be compassionate and caring, patients comments are recorded in section 6.3.1 above.

One relative questionnaire returned included the following comments about life in Burleigh Hill, "staff of all levels go above and beyond to make the residents happy, entertaining, fun, assisting their every need."

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3.5 Meal Time Experience

We observed the serving of the lunchtime meal in the dining room adjacent to the kitchen on the ground floor. Patients were assisted by staff to the dining room or had trays delivered to them as required. Tables were nicely set with tablecloths, cutlery, napkins and condiments; the dining rooms were clean and tidy. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of which patients required modified diets and fluids, likes and dislikes regarding food and drinks and how to care for patients during mealtimes. The food served appeared to be nutritious and appetising and there was a selection of drinks on offer. Clothing protectors were worn by patients if required.



Menus were displayed in the dining rooms with the choices available on the day and patients were offered an alternative meal if they changed their mind. Staff were observed chatting pleasantly to patients and providing encouragement throughout the meal. The meal time experience appeared calm, relaxed and unhurried, there was background music playing and patients appeared to enjoy their meal.

### 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emeliza Insauriga, registered manager and Heather Murray, group quality and development 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.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2019</p>	<p>The registered person shall ensure appropriate locks are fitted to the doors of toilet 2 and bathroom 3.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>New door locks have been fitted to the doors in toilet 2 and bathroom 3.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 February 2019</p>	<p>The registered person shall ensure that shower chairs can be effectively cleaned between each use, in accordance with infection prevention and control guidance.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>2 New shower chairs are now in place. These will be effectively cleaned and monitored ongoing in accordance with infection prevention and control guidance</p>

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



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