

Inspection Report

22 August 2023



Burleigh Hill House

Type of service: Nursing

Address: 79 North Road, Carrickfergus, BT38 7QZ

Telephone number: 028 9336 5652

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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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. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	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 22 August 2023, from 9.50 am to 5.30 pm by a care inspector. Both the nursing home and the residential care home, which are separately registered but in the same building, were inspected on the same day.

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.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

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 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.

The findings of the inspection were discussed with Emeliza Insauriga, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients and staff were consulted during the inspection. Staff spoken with said that Burleigh Hill House nursing home was a good place to work. Staff described good teamwork amongst their colleagues and were satisfied with the staffing levels and the support from the management team.

Patients spoken with told us they had good experiences living in the home and they liked the meals provided. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

One questionnaire was returned from a relative; they included the following comment; “my xxxx is very well settled with the help of the staff, well delighted”.

No responses were received from the staff online survey within the timeframe for inclusion in this report.

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 27-28 September 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.1 Stated: First time	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.	Met
	The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	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	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 system was in place to ensure staff were recruited correctly to protect patients.

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

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the Manager approachable. Staff spoke positively on staffing levels and teamwork in the home.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Patients were well presented in their appearance.

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 may include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well 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.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

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

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed and evidenced good oversight by nursing staff.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were generally 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 care records were reviewed and updated post fall.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of patient bedrooms, the communal lounge, dining room, bathrooms and storage spaces. The home was found to be clean, warm, well-lit, and free from malodour. Patient's bedrooms were clean, tidy and personalised with items of interest and importance to each patient, such as family photos, furniture, books and sentimental items.

There was evidence that bedroom furniture and vanity units were in need of either refurbishment or replacement. This was discussed with the Manager who advised of an ongoing refurbishment plan for the home and this was later shared with the inspector via email. Progress with this refurbishment plan will be followed up on a future inspection.

Several containers of food and fluid thickening agent were observed in an unlocked dresser in the downstairs dining area and within two patients' bedrooms; these items should be securely stored when not in use. This was discussed with the Manager who took immediate action to securely store these items and order secure storage boxes for future use. Compliance with the safe storage of food and fluid thickening agents will be followed up on future inspections.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible and the staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 7 March 2023. There was evidence that the recommended actions had been signed off by the Manager.

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.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and interactions with staff.

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. Activity records were maintained which included patient engagement with the activity sessions.

The patients were observed enjoying some chair based exercises on the day of inspection.

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. The Manager is the safeguarding champion for the home, 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.

Staff were 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.

A review of records 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.

Messages of thanks including any thank you cards were kept and shared with staff.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. 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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Emeliza Insauriga, Registered Manager.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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