



Unannounced Care Inspection Report 23 November 2020



Burleigh Hill House

Type of Service: Nursing Home
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 nursing home registered to provide care for up to 35 persons.

3.0 Service details

<p>Organisation/Registered Provider: MD Healthcare Ltd</p> <p>Responsible Individual: Lesley Catherine Megarity</p>	<p>Registered Manager and date registered: Emeliza Insauriga 28 October 2016</p>
<p>Person in charge at the time of inspection: Emeliza Insauriga</p>	<p>Number of registered places: 35</p> <p>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.</p>
<p>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. LD – Learning disability.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 31</p>

4.0 Inspection summary

An unannounced care inspection took place on 23 November 2020 from 09.15 to 17.30 hours. Both the nursing home and the residential care home, which are separately registered but in the same building, were inspected on the same day.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said “it’s just great here” and “I’m well looked after indeed”.

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	1	0

The one area for improvement and details of the Quality Improvement Plan (QIP) was discussed with Emeliza Insauriga, 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.

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
- the previous care inspection report.

During the inspection the inspector met with ten patients, two patients' relatives and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 16 to 29 November 2020
- staff training records
- one staff recruitment file
- supervision schedule
- registered nurse competency assessments
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including food and fluid intake charts
- the current fire risk assessment
- RQIA registration certificate.

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

There were no areas for improvement identified as a result of the most recent care inspection undertaken on 9 March 2020.

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients are met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner. Staff and patients spoken with did not raise any concerns about staffing levels.

Staff told us that teamwork was good and that, whilst working through the COVID-19 pandemic had been challenging, they were well supported by the management team. Comments included:

- "It's been hard but we are coping."
- "We are very settled here, teamwork is very good."
- "I like working here, I can always go to Joy (deputy manager) or Emeliza (manager) if I need to."
- "Things get sorted out."
- "There are good training opportunities available."

The nursing staff told us that they aim to support the care staff as much as possible:

- "We, as nurses, are always available to the other staff should they need us."
- "It's important to show staff support, to explain why, not just how, to do things."

The manager told us that staff compliance with mandatory training was monitored and staff are reminded when training is due. There was a system in place to monitor that staff are registered with the NMC or NISCC as required. Review of one recruitment record evidenced that the necessary checks are completed prior to staff commencing work in the home. A supervision schedule was in place.

Nurses, who take charge in the home in the absence of the manager, have completed competency assessments which are reviewed annually. We could see that two nurses' annual reviews were slightly overdue but the manager told us that completion dates had been arranged for these.

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors have a temperature check on arrival at the home.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. However, the PPE stations contained vinyl gloves which are not suitable for personal care tasks. We brought this to the attention of the manager who explained that PPE stations had been mistakenly replenished with vinyl gloves and that this would be immediately rectified.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. The manager told us that staffs' use of PPE was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment and infection prevention and control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining room, treatment room, sluice and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Equipment was clean and appropriately stored. Patients' bedrooms were attractively decorated and personalised.

The manager told us that there was a system in place to ensure frequently touched points are regularly cleaned and deep cleaning was carried out as necessary following the current IPC guidelines. Domestic hours have been increased and a domestic assistant is on duty until 20.00 hours each day to facilitate the required IPC measures. Care assistants ensure frequently touched points are cleaned overnight.

All patients and staff have a twice daily temperature check recorded as per the current regional guidance in this area. The manager told us that the Northern Health and Social Care Trust (NHSCT) have been supportive through the COVID-19 pandemic and there is regular collaboration with the COVID link nurse for advice and support.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect. Patients who were in their rooms had call bells within reach. Staff were seen to be attentive to the patients and to answer call bells promptly.

Some patients were in the lounge where seating was socially distanced. The activity therapist was baking soda bread on a griddle and engaging patients in reminiscence around their own memories of baking or having soda bread made for them when they were young. There was music playing in the background, the atmosphere was warm and friendly and staff ensured all the patients got an opportunity to pick a song and join in the chat.

The weekly activity schedule was on display and this included time for individual, one to one, sessions for those patients who prefer to stay in their rooms. Activities on offer include baking, karaoke, manicures, hairdressing and making Christmas crafts.

The dining room was attractively decorated and social distancing measures were in place. Patients who prefer are able to have meals in their rooms. We observed the serving of lunch and could see that the food was well presented and smelled appetising. Staff offered assistance as required and demonstrated their knowledge of patients' modified dietary requirements.

Patients told us that they felt well looked after and enjoyed the activities and the food in the home; comments included:

- "The staff are very kind."
- "My lunch was lovely today, very nice."
- "Lunch was just lovely."
- "I really enjoyed my lunch, the food is always good."
- "I'm quite content."
- "It can be hard to get staff occasionally but they are very good and work very hard."
- "I really enjoy the singing, I can't do much else now but I can still join in."

The manager told us that visiting was arranged following the regional guidance in this area. An area has been set up for visiting on the ground floor; relatives make an appointment, enter the visiting area directly and wear appropriate PPE. We spoke to two relatives during the inspection who told us that the visiting arrangement was working well. The relatives also commented positively about their experience of the home; they said:

- "Communication has been generally good."
- "There are problems getting through (on the phone) at times but I understand there are a lot of other families to speak to."
- "We find things generally good here, no issues."

Comments made by patients and relatives were brought to the attention of the manager for information and action as required.

6.2.5 Care records

We reviewed care records for four patients and found these to contain relevant risk assessments and individualised care plans to reflect the assessed needs and direct the care required. An up to date daily record was maintained to evidence the delivery of care.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary. Wound care records reviewed were up to date and reflective of the care directed in the relevant care plans.

In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments and care plans appropriately.

Deprivation of liberty safeguards (DoLS) have been taken into account in care planning and staff demonstrated their knowledge and understanding of DoLS.

Patients' weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example fortified diets, were followed. Food and fluid records reviewed were up to date.

6.2.6 Governance and management arrangements

The manager told us that she felt well supported in her role and that good working relationships are maintained in the home. During the COVID-19 pandemic communication with relatives has been a priority; in addition to regular telephone calls a weekly update report is sent via email or letter. The manager said relatives have been very understanding of the situation.

Staff are kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home; the audits reviewed contained clear action plans where deficits had been identified. Maintenance checks have continued as required; a current fire risk assessment was available to view.

Review of records evidenced that there was a system in place to manage complaints. There was also a system in place to ensure that RQIA are notified of accidents/incidents that occur in the home. However, review of accidents/incidents identified that RQIA had not been appropriately notified in all instances. This was discussed with the manager, retrospective notifications were requested and an area for improvement was made.

A separate monthly monitoring report is completed for the nursing home and the residential care home. Monthly monitoring reports reviewed for the nursing home contained the views of patients, relatives and staff. The reports were informative, comprehensive and contained an action plan. During the COVID-19 pandemic the reports had been completed remotely when necessary.

A record of thank you cards and compliments is kept and staff are made aware of these; comments included:

- "You gave ... the best care I could ever have wished for."
- "I just want to say a big thank you for the care, attention and kindness."

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, use of PPE, IPC measures, the environment, care provided, treating patients with kindness, the culture and ethos, communication, care records and governance arrangements.

Areas for improvement

An area for improvement was identified regarding notification of all relevant accidents/incidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Patients in the home looked well cared for and staff were seen to treat them with kindness and respect. The atmosphere in the home was warm and welcoming.

Following the inspection the manager confirmed that vinyl gloves had immediately been removed from all PPE stations and replaced with the appropriate nitrile gloves. Additionally, the manager confirmed that nurses had completed their annual competency reviews as planned. Retrospective notifications were submitted as requested.

7.0 Quality improvement plan

The one area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Emeliza Insaoriga, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA is informed of all notifiable accidents/incidents appropriately.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: All notifiable accidents and incidents are reported to the RQIA appropriately and this will be monitored closely.</p>
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