Inspection Report

11 & 12 June 2024

Manor View Care Home

Type of service: Nursing Home
Address: 27a Manor Avenue, West Circular Road, Bangor, BT20 3NG
Telephone number: 028 9127 3342

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

1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited **Responsible Individual:** Mrs Ruth Burrows	**Registered Manager:** Ms Fiona Wiederkehr **Date registered:** 11 May 2023
Person in charge at the time of inspection: Ms Fiona Wiederkehr, Manager	**Number of registered places:** 92 This number includes: • 30 patients in categories NH-I, NH-PH, NH-PH(E) and NH-TI to be accommodated in Rathmore Suite • 30 patients in category NH-DE to be accommodated in Brunswick Suite • 15 patients in categories DE to be accommodated in Hamilton Suite • 17 patients in categories NH-LD and NH-LD(E) to be accommodated in Bloomfield Suite.
Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill	**Number of patients accommodated in the nursing home on the day of this inspection:** 61
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 92 patients. The home is divided into four units; Rathmore Suite; Brunswick Suite; Hamilton Suite and Bloomfield Suite.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2024 from 09.50 am to 5.55 pm and 12 June 2024 from 09.45 am to 5.20 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to patient care, care records and maintaining good working relationships.

Six areas requiring improvement were identified during the inspection; these are discussed in the main body of the report.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 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 Ms Fiona Wiederkehr, Manager, and Ms Kerrie Wallace, Operations Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, patients' relatives and staff spoken with on the days of inspection, provided positive feedback about Manor View Care Home. Patients told us that they felt well cared for; enjoyed the food and that staff were kind.

Patients spoken with commented, "It's a good wee home. I'm given choices and the staff are great." and "There's enough staff on duty if I need them and I'm well looked after. I don't have any concerns but if I had I could discuss them with staff and they would be sorted out.''

Patient's relatives said, "The staff are five star and Mum is well cared for. It gives me peace of mind to know that staff are with her twenty-four hours a day" and "I couldn't fault the place. If she had to move anywhere else we'd be devastated. Staff are attentive and speak kindly to patients. I see and hear a lot when I'm sitting here visiting."

Staff said that they had a good induction and orientation when they started work in the home; the manager was approachable; that staff morale was good; that there were enough staff on duty to care for the patients and they felt well supported in their role.

Following the inspection we received no patient, patient representative or staff questionnaires within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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 24 October 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time	The registered person shall review the dining experience in the identified unit to ensure that it is well organised and that patients receive the assistance and supervision required in a timely manner	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 43 **Stated:** Second time	The responsible individual shall ensure the premises are well maintained and remain suitable for their use.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 29 **Stated:** Second time	The responsible individual shall ensure the actions identified during the monthly monitoring visits should be addressed in a timely manner.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that handwritten care records are legible. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that: • The type of pressure relieving mattress and correct setting is documented correctly on the patients repositioning charts. • Pressure relieving mattresses are set in accordance with the assessed need of the patient. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that repositioning charts include: • the frequency patients require to be assisted to reposition • the signature of the staff assisting them **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 6 **Ref:** Standard 4.9 **Stated:** First time	The registered person shall ensure that accurate and consistent records of patients' total daily fluid intake are maintained, monitored and acted upon by nursing staff, as appropriate. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was noted that gaps in employment records had been explored with explanations recorded and pre-employment health assessments were in place. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. The manager confirmed that staff recruitment is ongoing.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, deprivation of liberty safeguards (DoLS) level 2, moving and handling, first aid, dementia awareness, dysphagia awareness, fluid and nutrition, food hygiene awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review and that trained staff have completed deprivation of liberty safeguards (DoLS) level 3.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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, Ms Fiona Wiederkehr, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

On inspection of one unit it was observed that a cupboard containing patient records and information was unlocked and easily accessed. The management of records in accordance with legislative requirements and best practice guidance was discussed with the registered nurse on duty and the manager who ensured the cupboard was locked immediately. An area for improvement was identified.

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. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding nutrition, hydration, choking risk and the use of pressure relieving mattresses were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Records regarding food intake and the provision of mouth care were noted to be well documented. Supplementary records regarding patients' daily fluid intake targets were well maintained and the total of fluid intake was monitored and recorded over twenty-four hours.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain.

Repositioning records evidenced the assessed frequency of repositioning for patients who require assistance to change their position to relieve pressure was adhered to. Records included checks of patients' skin, the type and correct setting of pressure relieving mattresses to ensure they were set in accordance with patients' weight and the signature of the staff assisting patients was also recorded.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that observations were recorded for a period of at least twenty-four hours in line with post fall protocol and current best practice.

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. 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.

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 recorded.

We observed the serving of the lunchtime meal in the dining room in Rathmore Suite. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal with condiments was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for

patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner. The menu plan for four weeks was displayed on the wall to show patients what meal choices were available. It was not reflective of the food being served for lunch and patients said they were unaware that a menu was available as it had not been displayed on the menu board. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. This was discussed with the manager and an area of improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the external and internal environment of the home and noted that the home was well decorated, comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A number of bedrooms had been refurbished with new vanity units and furniture. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

On review of the home's environment, inappropriate storage of items and equipment was observed in identified bathrooms. Items that had the potential to be shared communally, such as shampoo and shower gel were seen to be stored in bathrooms. This was discussed with the manager and an area for improvement was identified.

Equipment used by patients such as hoists and wheelchairs were noted to be effectively cleaned.

Sluice rooms and cleaning stores were observed to be appropriately locked. However, it was observed that the treatment room door in an identified unit was unlocked and the registered nurse was not in the area. It was concerning that the medicine refrigerator was not locked and patients' prescribed medicines could be easily accessed. It was also noted that patients' dietary supplements and agents used to thicken food and fluids for patients assessed as requiring modified diets were also stored in the treatment room. This was discussed with the manager and the registered nurse on duty. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction. Regular fire drills had been undertaken by staff.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing board games, quizzes, bingo, armchair exercises, arts and crafts.

Patients spoken with said they enjoyed the activities they attended.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager. However, it was noted that the hours worked by the manager were not recorded on the duty rota. This was discussed with the manager who confirmed that staff were informed verbally when she was not on duty and that she would amend the duty rota accordingly. An area for improvement was identified.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty and for the management of medication and wound care.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year. However, evidence of an up to date supervision and appraisal record was unavailable to view for all staff. This was discussed with the manager and an area of improvement was identified.

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 and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding weight, the kitchen, the patient dining experience, choking risk, restraints such as the use of bedrails and IPC practices including hand hygiene.

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

Records reviewed confirmed that systems were in place to ensure that complaints were managed appropriately. Patients said that they knew who to approach if they had a complaint.

Review of records evidenced that patient representative and staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that a patients' meeting will be arranged for the near future.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	1	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Fiona Wiederkehr, Registered Manager, and Ms Kerrie Wallace, Operations 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 **Stated:** First time **To be completed:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. Ref: 5.2.3
	Response by registered person detailing the actions taken: On the day of inspection, the identified treatment room door was immediately locked, fridge key was removed from the fridge and attached to the main bunch of keys to be held by the nurse in charge. RN staff have received supervision regarding the issues identified. Monitoring is continued and recorded by the Home Manager and Deputy Manager during daily walkabouts. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 37 **Stated:** First time **To be completed:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. Ref: 5.2.2
	Response by registered person detailing the actions taken: On the day of inspection the documentation identified was immediately removed and placed in an appropriately locked area and all storage areas for documentation (including archived items) are locked. RN staff have received supervision regarding the issues identified. Monitoring is continued and recorded by the Home Manager and Deputy Manager during daily walkabouts. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.

Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime. Ref: 5.2.2
	Response by registered person detailing the actions taken: Although menus are currently on display in each dining room, the Home Manager has ordered whiteboards for all dining rooms to facilitate a larger display format which is easy for Residents to read. Supervision has been completed with kitchen and RN staff to ensure menus are updated daily. Monitoring is continued and recorded by the Home Manager and Deputy Manager during daily walkabouts. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.
Area for improvement 3 **Ref:** Standard 46 **Stated:** First time **To be completed by:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection. The manager should ensure bathrooms are monitored to ensure that they remain clutter free. Ref: 5.2.3
	Response by registered person detailing the actions taken: On the day of inspection the items identified were removed immediately and stored in appropriate areas. Supervision has been completed with RN and CA staff regarding the issues identified. Monitoring is continued and recorded by the Home Manager and Deputy Manager during daily walkabouts. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.

Area for improvement 4 **Ref:** Standard 41 **Stated:** First time **To be completed by:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that the nurse manager's hours worked are included on the duty rota to identify management duty. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Home Manager's working hours is now included in the ancillary rota and a copy is distributed weekly to each unit within the Home for staff to reference. Monitoring is continued and recorded by the Home Manager and Deputy Manager during daily walkabouts. Further monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.
Area for improvement 5 **Ref:** Standard 40 **Stated:** First time **To be completed by:** From the date of inspection 11 & 12 June 2024	The registered person shall ensure that all staff are supervised and their performance appraised to promote the delivery of quality care and services and that an accurate up to date record is maintained. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Home Manager confirmed on the day of inspection that supervisions and appraisals have taken place and she is currently updating the 2024 matrix. This will continue to be updated as further supervisions and appraisals are completed. Monitoring will be completed by the Operations Manager during the monthly Regulation 29 visit.

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

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

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