

# Inspection Report

**Name of Service:** Phoenix Clinic & Resource Centre

**Provider:** Phoenix Healthcare (N.I.) Ltd

**Date of Inspection:** 12 December 2024

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Phoenix Healthcare (N.I.) Ltd
<b>Responsible Individual:</b>	Mr Iain McCartney
<b>Registered Manager:</b>	Mrs Karen Lynda Conway
<b>Service Profile –</b> Phoenix Clinic & Resource Centre is a registered nursing home which provides nursing care for up to 36 patients under and over the age of 65 years, with a physical disability. All bedrooms are on the ground floor and patients have access to communal lounges, a dining room, an activity room and the garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 December 2024 from 10.45 am to 4.45 pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service was well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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. Please refer to Section 3.2 for more details about patients' views.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement relating to medicines management was carried forward for review at the next pharmacy inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### 3.2 What people told us about the service

Patients spoken with said that they were overall, very happy with the care and services provided in Phoenix Clinic and Resource Centre. Two patients spoke about specific issues they had in relation to their care management. This was discussed with the manager who was aware of the identified patients' views and provided assurances in relation to how these issues were being managed. Despite having specific concerns, both identified patients said that they were satisfied in general and happy to remain in the home, and their views were not reflective of the majority of patients spoken with.

Patients told us that staff were available to them when they needed assistance and described staff as, "wonderful", "kind, friendly, and helpful", "great", "they come when I buzz", and "they do everything for me."

Patients spoke about the care they received and how this helped with recovery and/or improving their quality of life. Comments included, "physiotherapy is hard work but now I can do things I never thought I'd do again", "I have hope now", and (about care goals) "I can plan for the future..."

Patients told us that they were included in decisions about their care and said that they were assisted by staff to go about their preferred daily routines. For example, one patient talked about regular outings with family, and another patient talked about preferred personal care routines.

Patients said that the food was good and confirmed that they get a choice of meals each day. Patients said that they were happy with the level of cleanliness in the home and that visiting arrangements were working well.

No patient or relative questionnaires were received following the inspection.

Staff told us that they were happy working in the home and that they were satisfied with the staffing arrangements. Staff said that they felt confident in raising any issues or concerns if needed.

No staff survey responses were received following the inspection.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen to respond promptly to call bells or requests for assistance from patients.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. For example, staff were observed to help patients with their menu choices and to ask patients about their plans for the day.

At times some patients may require the use of equipment that could be considered restrictive. For example, bedrails. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Patients commented positively about the provision of regular physiotherapy within the home. One patient expressed that while they found physiotherapy to be hard work, they could see how this was progressing their recovery and general quality of life.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, specialist equipment such as bedrails or lap belts were used.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was established that a mealtime coordinator was appointed for each meal time. The mealtime coordinator ensured that a safety pause was observed prior to meals being served to ensure that patients on a modified diet received the correct meals. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff. A full time activities coordinator was employed in the home but was on planned leave at the time of the inspection. Some patients commented positively about the activity coordinator, "she is off at the minute but we do loads with her."

Patients told us about participating in organised activities, such as, quizzes, arts and crafts, movie sessions, and parties. Patients confirmed that they were supported by staff to engage in their own interests. For example, watching sporting events, reading (books and magazine subscriptions), shopping trips, and letter writing.

Staff demonstrated knowledge of individual patients' interests and what or who was important to them. Patients and staff also talked about the importance of family connections and spending time outside of the home with loved ones. One patient told us about a Christmas shopping trip with family and another patient talked about their excitement about upcoming Christmas events with family. Patients confirmed that visiting arrangements were in place and working well.

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse 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 care records were held confidentially.

Review of care records established that the majority of expected assessments and care plans were in place. However, a small number of omissions were noted in relation to individual patients. For example, one record did not evidence if the patient's malnutrition universal screening tool (MUST) had been updated, another patient who was identified as being at risk of pressure damage to their skin did not have a pressure prevention care plan in place, and a third patient who was at increased risk of falls did not have an updated falls risk assessment completed. This was brought to the attention of the manager who provided written assurances following the inspection that these records had been updated.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy. Communal areas were decorated for Christmas and there was a festive atmosphere.

Patients' bedrooms were clean and personalised with items of interest or importance to the patient. Some bedrooms were also decorated for Christmas.

There was evidence of some environmental wear and tear to some areas of the home. For example, damage and staining to some walls, flooring in the dining room was damaged, and a raised toilet seat had visible rust on the legs. The manager was aware of the areas in need of attention and had a schedule of environmental works in place. The progress of this will be reviewed at the next care inspection.

It was noted that the hydrotherapy pool area was out of use. The manager explained that the pool had been initially closed due to COVID-19 but had not reopened. It was unclear if the provider planned to reopen the pool or if they planned to have it decommissioned. This was discussed with RQIA estates team who requested that the provider submit a variation to RQIA in relation to this change of facility. This will be reviewed by RQIA estates on receipt of the variation.

Fire safety measures were in place. The manager confirmed that the most recent fire risk assessment was completed on 4 November 2024 and there were no recommendations made. Staff were trained in fire safety and there was evidence that fire drills took place. Fire doors and exits were seen to be free from obstruction and fire extinguishing equipment was available and accessible.

Review of records evidenced that systems and process were in place to manage infection prevention and control (IPC). Audits were conducted monthly by the manager. During discussion with the manager it was highlighted that more robust actions plans in relation to IPC audits would help drive improvements. This will be reviewed at the next care inspection.

Some staff were observed to wear gel nails/varnish, or wrist watches. This is not conducive to effective hand hygiene or in line with regional guidance. An area for improvement was identified.

It was observed that in addition to wall mounted soap dispensers, there was a range of bottled soap in some communal bathrooms around the home. The manager explained that bottled soap was provided to staff following complaints of skin irritation from some staff after using the wall mounted soap. This system was not conducive to effective hand hygiene practices. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Karen Lynda Conway has been the manager in this home since 7 November 2012.

The manager had completed a leadership programme through the My Home Life initiative, as facilitated by Ulster University, and reported that she found this to be a beneficial and supportive experience.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was positive to note that staff and patients were encouraged to share their views on the running of the home during regular meetings and that records of meetings were maintained. A review of records evidenced that no clear actions plans were put in place following the meetings. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

\*The total number of areas for improvement includes one which has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Lynda Conway, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing (30 April 2024)	<p>The registered person shall review the management of medicines prescribed for distressed reactions to ensure that a care plan is in place to direct staff and that the reason for and outcome of each administration is recorded.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.11  <b>Stated:</b> First time  <b>To be completed by:</b> 12 December 2024	<p>The registered person shall ensure that staff adhere to the regional guidance on hand hygiene and remain bare below the elbows.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            COMMUNICATED TO ALL STAFF AGAIN ABOUT THE IMPORTANCE OF ADHERING TO REGIONAL INFECTION CONTROL MEASURES- NOT WEARING NAIL POLISH OR JEWELLERY BELOW THE ELBOW. THIS WILL BE MONITORED CLOSELY BY NURSE MANAGER</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46.11  <b>Stated:</b> First time  <b>To be completed by:</b> 12 December 2024	<p>The registered person shall ensure that hand washing facilities are in place throughout the home and that staff are able to perform hand hygiene at the point of care delivery. This includes all communal areas and patient bedrooms.</p> <p>If individual staff require special arrangements due to skin irritation, this should be risk assessed, and any varied arrangements should be in line with the regional hand hygiene guidance and COSHH regulations.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            ALL SOAP DISPENSERS NOW HAVE A SENSITIVE SKIN SOAP THAT CAN BE USED BY EVERYONE AND EVERYONE CAN PERFORM HAND HYGIENE AT POINT OF CARE DELIVERY. ALL PERSONAL SOAPS HAVE BEEN REMOVED</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2025</p>	<p>The registered person shall ensure that records pertaining to meetings result in clear action plans.</p> <p>Reg: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> FROM NOW ON MINUTES OF MEETINGS WILL HAVE AN ACTION PLAN ATTACHED</p>
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*\*Please ensure this document is completed in full and returned via the Web Portal\**



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