The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Prospect**

Provider: **Prospect Private Nursing Home Ltd**

Date of Inspection: **4 March 2025**

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:	Prospect Private Nursing Home Ltd
Responsible Individual:	Mr Thomas Mark McMullan
Registered Manager:	Miss Sinead Kerr 2 February 2024
Service Profile – Prospect is a nursing home registered to provide nursing care for up to 49 patients over and under 65 years of age who require general nursing care.	

2.0 Inspection summary

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last medicines management inspection on 3 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients told us they were happy with the care and services provided. Patients were settled and there was a calm atmosphere in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

However, as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A meeting with the Intention to issue one Failure to Comply notice was held on 12 March 2025. Based on the information provided to RQIA, during this meeting, the decision was made to issue one Failure to Comply notice (FTC); in relation to the management of unnecessary hazards to patients. Reference: FTC000242.

Details of our enforcement procedures and the notices issued can be found on our web site www.rqia.org.uk

The Quality Improvement Plan (QIP) issued as part of this report has 11 areas for improvement in total; one new area for improvement under the standards and six areas for improvement that have been carried forward for review at a future inspection. One previous area for improvement, not met, has now been subsumed into the Failure to Comply notice issued by RQIA.

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 spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient told us, "The home is very good" and "I am well looked after." Another patient said, "I am very happy with the staff."

Staff spoken with said that Prospect was a good place to work. Staff spoke about the good teamwork in the home and told us they felt supported by the manager.

No feedback was received from the staff online survey or questionairres.

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.

It was observed that the number and skill of the staff on duty ensured that staff responded to requests for assistance in a caring and compassionate manner.

Patients told us staff were friendly. Staff said there was good team work and that they felt well supported in their role and that they were mostly satisfied with the staffing levels, all comments made were passed to the manger for consideration.

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; and were 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.

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.

Observation of the lunchtime meal, served in the main dining room, confirmed that there was enough staff present to support patients with their meal. The food served smelt and looked appetising and nutritious. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Prospect.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bed rails and alarm mats were in use. A review of accident records evidenced that the post falls observations were recorded in keeping with best practice guidance.

The importance of engaging with patients was well understood by the manager and staff. The home has dedicated activity staff employed. The staff were observed encouraging patients to participate in the planned group activity for the morning which was making pancakes for Shrove Tuesday. Other patients were observed in their bedrooms with their chosen activity such as reading, listening to music or watching television.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home.

Review of a sample of care records identified that a number of previously stated areas for improvement had not yet been met. For example, the completion of patient repositioning charts, pressure area and wound care and the use of equipment to support patient's mobility needs. A new area for improvement was also identified regarding the monitoring process for the management of bed rails including monitoring arrangements and the rationale for their use or not. One AFI was stated for a second time, one for a third time and one new area for improvement was identified

3.3.4 Quality and Management of Patients' Environment

The home was warm, clean and comfortable. Patients' bedrooms were clean and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Thickening agents, prescribed for patient requiring a modified diet were observed to be inappropriately stored in an unlocked drawer in the dining room and in a cupboard in a patient's bedroom. Cleaning chemicals were also accessible in the snack kitchen on the first floor and in an unlocked sluice. There is a potential risk of ingestion of inappropriate items by patients.

A selection of food and drinks were also observed to be accessible in the fridge and on top of the fridge in the snack kitchen. There are patients living in this home who require modified diets as recommended by the Speech and Language Therapist. Therefore, failure to securely store these foods could result in patients accessing them and this poses a possible choking risk.

RQIA are concerned that the management and staff in the home failed to recognise the potential risks that patients were exposed to as a result of the storage arrangements of the thickening agents, chemicals and food items.

An area for improvement in relation to the management of hazards to patients was first stated on 2 December 2021 and remains unmet. This was discussed with the registered persons at the meeting with RQIA on 12 March 2025 and actions to address these matters were included in the FTC notice FTC000242.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE.

3.3.5 Quality of Management Systems

Staff members 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.

Miss Sinead Kerr has been the manager since 24 January 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The quality of the audits was generally good, although, some shortfalls were identified. For example, care record audits did not identify the deficits highlighted during the inspection relating to mobility, bedrails and falls care planning. An area for improvement was identified.

Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of accidents and incidents records found that these were well managed and reported appropriately.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These reports were available in the home for review by patients, their representatives, the Trust and RQIA.

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
Total number of Areas for Improvement	5*	6*

* the total number of areas for improvement includes two under regulation stated for a second time and one carried forward for review at the next inspection. There are also four standards carried forward for review at the next inspection and one standard stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sinead Kerr, Registered 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 (4) **Stated:** First time **To be completed by:** Immediate action required (3 September 2023)	The registered person shall ensure that a robust system is in place so that medicines are not used after their expiry. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required (3 September 2023)	The registered person shall review the storage of medicines to ensure that the trolley stored in the alcove upstairs is stored securely. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** Second time **To be completed by:** 1 May 2025	The registered person shall ensure that the record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. Ref:3.3.3.
	Response by registered person detailing the actions taken: Wound and Pressure area care online training completed by nurses. Update in wound management recordkeeping deseminated and signed by staff. Wound audits with updated action plan increased. Designated wound care Champion will be attending the 2 day In Reach wound management course
Area for improvement 4 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time	The registered person shall ensure the following in relation to the use of bedrails: • there is a system in place to ensure bedrails are regularly checked and evidence of these checks are retained • care plans and risk assessments include they type of bedrails in use, the safety checks to be completed and the rationale for use is clear evidenced.

To be completed by: Immediately from day of inspection 4 March 2025	Ref: 3.3.3
	Response by registered person detailing the actions taken: Bedrail check system in place for hourly checks by care staff and weekly checks by caretaker. Bedrail audit fortnightly, Bedrail training for all care staff arranged for 22/05/25 Careplans updated to reflect individual use of bedrails and rationale
Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 1 June 2025	The registered person shall ensure that care record audits are completed regularly; audits should include, where required, a clear action plan, the name of the person responsible for completing the action and a timeframe to follow up the action to ensure actions are addressed. Ref: 3.3.5
	Response by registered person detailing the actions taken: Careplan audits updated with action plans reflecting staff name and timeframe for completion. Supplementry care records monitored daily by manager/ nurse in charge and recorded.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 10 September 2024	The registered person shall ensure that care records for the management of distressed reactions include patient-specific information to direct the use of prescribed medicines and that records of administration include the reason for and outcome of each administration. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 10 September 2024	The registered person shall ensure that care records include patient-specific detail on how pain is expressed and managed. Ref: 2.0
	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.

Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 10 September 2024	The registered person shall ensure that medicines awaiting destruction/disposal are disposed of in a timely manner. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 28 January 2024	The registered person shall review the provision of meals to ensure patients are adequately supervised as per their care plan and ensure meals temperature is maintained prior to serving. Ref: 2.0
	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
Area for improvement 5 **Ref:** Standard 23 **Stated:** Third time **To be completed by:** 30 May 2025	The registered person shall ensure that the care needs of patients at risk of developing pressure ulcers are managed in an effective manner. This includes but is not limited to: • the frequency of patients repositioning needs are clearly prescribed in their plan of care • the contemporaneous and comprehensive completion of supplementary repositioning records. Ref: 3.3.3
	Response by registered person detailing the actions taken: Careplans personalised to reflect repositioning needs of individuals. Daily repositioning charts updated and care staff educated in correct use of charts Supplementry charts monitored daily and audited monthly for day and night
Area for improvement 6 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 1 June 2025	The registered person shall ensure patient care plans are sufficiently detailed, patient centred and reflective of the patients' current mobility needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Careplan and Recordkeeping training for all nurses on 01/04/25 and 07/4/25 Protected time given for each primary nurse to work on careplans Auditing increased with a view to commence Peer Auditing in the future

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