

Unannounced Care Inspection Report 5 December 2016



Ambassador

Type of Service: Nursing Home
Address: 462-464 Antrim Road, Belfast, BT15 5GE
Tel no: 028 9077 1384
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ambassador took place on 05 December 2016 from 10.30 to 17.00. On this occasion the inspector was accompanied by a Lay Assessor. Please refer to section 4.5 for further detail.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The focus of the inspection was meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A policy on meals and mealtimes was in place and nutritional guidelines were available and used by staff on a daily basis.

Whilst there was evidence that a number of staff had attended mandatory training, we were unable to evidence that all mandatory training requirements had been met as training records were incomplete. Three recommendations have been made in respect of staff training. Staff confirmed that there were good communication and support systems in the home.

Is care effective?

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals. Weaknesses were identified in the review of falls risk assessments and care plans.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home.

One recommendation has been made in respect of the management of personal information.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. Some weaknesses were identified in the audits of care records.

Concerns were identified in that the registered manager had been working as a registered nurse four days per week. This did not leave sufficient time to complete managerial responsibilities to a satisfactory standard.

One requirement has been made in respect of the allocation of management hours and one recommendation has been stated for the second time. One recommendation has been made in respect of the audits of care records.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

*The total number of recommendations made includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Amelia Noach, registered manager, at the conclusion of the inspection and Mrs Emer Bevan, responsible person by telephone following the inspection, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 27 October 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Amstecos Ltd/ Mrs Emer Bevan	Registered manager: Mrs Amelia Noach
Person in charge of the home at the time of inspection: Mrs Amelia Noach	Date manager registered: 01 April 2005
Categories of care: NH-A, NH-I, NH-PH, NH-PH(E), NH-TI A maximum of 2 patients in category NH-A	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit.

During the inspection we met with 30 patients, two relatives, two registered nurses, eight care staff, one catering and one domestic staff.

Three patients, eight staff, and eight relatives' questionnaires were left for distribution. Seven patients, two staff and three relatives completed and returned questionnaires within the allocated timeframe.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 April 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 20, criterion 2</p> <p>Stated: Second time</p> <p>To be completed by: 19 June 2016</p>	<p>A recommendation has been made that end of life arrangements for patients are discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.</p> <p>Action taken as confirmed during the inspection: Review of four patients care records evidenced that end of life arrangements for patients had been discussed and documented as appropriate, including the patients' wishes in relation to their religious, spiritual and cultural needs.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>The registered person should ensure that the surface damage to the architraves identified on the first floor are repaired, to facilitate appropriate cleaning and minimise risks of infection.</p> <p>Action taken as confirmed during the inspection: The surface damage to the architraves identified on the first floor had been repaired.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2016</p>	<p>The registered persons should ensure that the identified care plans are reviewed on a regular basis to reflect the changing needs of the patients. Action should be taken to address any staff management issues in this regard.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of four patients care records evidenced that care plans had been reviewed on a regular basis to reflect the changing needs of the patients.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2016</p>	<p>The registered manager's hours, as stated on the duty rota, should clearly identify the hours worked in a management capacity and in that of the lead nurse role.</p> <p>Ref: Section 4.6</p> <hr/> <p>Action taken as confirmed during the inspection: Duty rotas did not differentiate the hours worked by the registered manager in a management capacity and in that of the lead nurse role. This recommendation has not been met and will therefore be stated for the second time.</p>	<p>Not Met</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the weeks commencing 21, 28 November and 05 December 2016 evidenced that the planned staffing levels were adhered to. However, the hours worked by the registered manager in a nursing capacity and those worked in a managerial capacity had not been identified. This was discussed with the registered manager and the responsible person following the inspection. We were informed that the registered manager had been working four days per week in a nursing capacity. This matter is discussed further in section 4.6 below.

Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. One patient commented that staff didn't have time to talk. Refer to section 4.5.

Review of the training matrix/schedule for 2016/17 indicated that a number of staff had completed mandatory training. However, we were unable to validate that mandatory training requirements had been met as training records were incomplete. The registered provider should confirm to RQIA, the percentage of staff who have completed mandatory training in 2016. The registered manager advised that the majority of mandatory training had been provided by the registered manager and the use of DVDs. The signatures of those staff attending the training event and the content of the training programme was not available for inspection. A recommendation has been made accordingly.

There was evidence that the registered manager had attended training in enteral feeding in 2015. A recommendation has been made for the registered manager to confirm that all registered nurses have been trained and are competent in the management of enteral feeding. Training in the management of swallowing difficulties and the use of thickening agents was provided by the registered manager and senior nursing staff. The registered manager planned to source additional training from an external provider in this regard.

There was a policy on meals and mealtimes dated June 2016 and the registered manager confirmed that it was kept under review and was in line with current best practice guidance. A system was in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

Three recommendations have been made in respect of staff training.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Review of four patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that care had been assessed, planned, evaluated and reviewed in accordance with NMC guidelines. Risk assessments informed the care planning process.

Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also generally aware of the requirements regarding patient information, confidentiality and issues relating to consent. We observed white boards displayed in patients bedrooms with information for staff in respect of patients' personal care and dietary requirements. This was discussed with the registered manager and a recommendation has been made for this information to be communicated to staff in a more discreet manner to ensure the privacy and dignity of patients.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support requested. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Pictorial menus were used to assist patients in making their choice. Meals were plated in the dining rooms, thus allowing patients further flexibility in choosing their meals. Roast gammon or steak casserole with creamed potatoes and vegetables was served for main course. Alternatives were available for those patients who did not like either option. Modified meals were served with food elements portioned separately.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable. The majority of patients came to the dining rooms for their meals; however, some patients were served their meals in their bedrooms. This was because they were either too ill to come to the dining room or they had chosen to eat their meals in their rooms.

Patients spoken with were complimentary regarding the care they received and life in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We observed a group of patients who remained for some time at the dinner table following their meal. They chatted and appeared to enjoy each other's company. We were informed that this group would get together after meals and enjoy a chat or a 'sing song'.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Seven patients, three relatives and two staff completed and returned questionnaires within the required time frame. Some staff comments are detailed below.

Staff

- “Staff all work well as part of a team.”
- “I like working here.”
- “Our patients are very well cared for. I have no concerns.”

Patients

- “Staff are excellent.”
- “Staff haven’t got time to talk. They are always busy.”
- “Staff are good to us. They look after us well.”
- “I like to see my Minister and if needed, staff can arrange this for me.”
- “I enjoyed the carol service with the school children.”
- “The staff would do anything for you.”

The comments made by the patient were discussed with the registered manager for follow up as appropriate.

Relatives

Two relatives indicated that they were very satisfied with all aspects of the care provided. No additional comments were provided by them.

Areas for improvement

One recommendation has been made in respect of the management of personal information.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

Discussion with the registered manager following the inspection, and review of a sample of duty rotas evidenced that the registered manager had been working as a registered nurse four days per week. This did not leave sufficient time to complete managerial responsibilities to a satisfactory standard. This was also discussed with the responsible person following the inspection. A requirement has been made in this regard.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints records and discussion with the registered manager evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home’s complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies in a timely manner.

There was evidence that a range of audits had been completed on a monthly basis, including accidents/incidents and complaints. There was also evidence of regular monthly audits of patients’ weights, referral and follow up as necessary. Some weaknesses were identified in the audits of care records. We were unable to evidence that care records had been audited since February 2016. A recommendation has been made in this regard.

Areas for improvement

One requirement has been made in respect of the allocation of management hours and one recommendation has been made in respect of the audits of care records.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Amelia Noach, registered manager, at the conclusion of the inspection and Mrs Emer Bevan, responsible person by telephone following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) (a)

Stated: First time

To be completed by:
31 December 2016

The registered provider must ensure that sufficient management hours have been allocated to the registered manager to enable her to carry out her management responsibilities.

Ref section 4.3

Response by registered provider detailing the actions taken:

Management hours have been identified for weekends and throughout the week. Management hours will be recorded on the duty rota.

Recommendations

Recommendation 1

Ref: Standard 41

Stated: Second time

To be completed by:
06 December 2016

The registered provider should ensure that the registered manager's hours, as stated on the duty rota, should clearly identify the hours worked in a management capacity and in that of the lead nurse role.

Ref: Section 4.2

Response by registered provider detailing the actions taken:

Management hours will be clearly stipulated on the duty rota as stated above.

Recommendation 2

Ref: Standard 39.9

Stated: First time

To be completed by:
31 January 2017

The registered provider should supply RQIA with the percentage of staff trained in 2016 in each of the following areas:

- Safeguarding vulnerable adults
- Moving and handling
- Infection prevention and control
- Fire safety
- First aid
- COSHH.

Ref section 4.3

Response by registered provider detailing the actions taken:

Mandatory training and additional training for 2016 took place by means of continuous in-house training. This included group discussions, spot training, watching training material using DVD media and practical skills assessment. This training included

- * 31 staff members for POVA
- * 21 staff members for Challenging Behaviour.
- * 39 staff members Infection Control
- * 15 staff members Moving and Handling
- * 17 staff members Practical skills assessment
- * 10 staff members Fire Safety

Additional mandatory training carried out throughout 2016 with excellent results for our residents and the Home.

Planned mandatory training for 2017 is underway with dates booked for

	Fire training in Feb, Moving & Handling in Jan, Incontinence training in Jan & Feb, Sensory awareness training Feb & Mar.
Recommendation 3 Ref: Standard 39 Stated: First time To be completed by: 31 January 2017	<p>The registered provider should ensure that a record is kept in the home of all training, including induction and professional development activities completed by staff. The record includes:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event • The date(s) of the training • The name and qualification of the trainer of the training agency • Content of the training programme. <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: Although staff training records are in place, the method of recording staff training has been revised to include;</p> <ul style="list-style-type: none"> * Training event * Trainer/Training agency * Date of training * Signatures of staff attending (& not typed list of names alone) * Content of training <p>General inhouse training will be recorded in the same manner to illustrate the constant learning and sharing of information in Ambassador Nursing Home.</p>
Recommendation 4 Ref: Standard 12.10 Stated: First time To be completed by: 31 January 2017	<p>The registered manager should confirm that all registered nurses have been trained and are competent in the management of enteral feeding.</p> <p>Ref section 4.3</p> <p>Response by registered provider detailing the actions taken: 3 x RGN attended Enteral feed training on 04/04/16 to ensure there is sufficient competency in the Home for Enteral feeding. The Enteral feeding resource file has been updated and is available for consultation within the Home. The Registered Nurses are supported by the Enteral Specialist Nurse Practitioner within Belfast Trust & by the 24 hour support team. Additional training in Enteral feeding is scheduled for Feb 2017. Advice will be sought from the Enteral Specialist Nurse Practitioner regarding competency assessments.</p>
Recommendation 5 Ref: Standard 6 Stated: First time To be completed by: 31 December 2016	<p>The registered provider should review the system for communicating information to staff in respect of patients' personal care and dietary requirements and ensure that this information is maintained in a more discreet manner, to maintain the privacy and dignity of patients.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: The aim of communicating and reiterating information to staff regarding patients dietary or personal requirements is always to ensure the best possible outcomes for the patients cared for in Ambassador Nursing Home. To this end white boards illustrating vital information for the</p>

	<p>wellbeing of patients is displayed in the patient's own bedrooms to ensure the best possible outcome for our patients & not to jeopardise dignity. The whiteboard system has proven a valuable medium for providing guidance to staff and ensuring the highest level of patient care is delivered. All Primary Nurses have been advised to use vocabulary cautiously to protect their clients dignity & privacy at all times.</p>
<p>Recommendation6 Ref: Standard 35.6 Stated: First time</p>	<p>The registered provider should ensure that a robust system of auditing care records is maintained. Audits should include action plans to address any deficits identified.</p> <p>Ref: Section 4.6</p>
<p>To be completed by: 31 January 2017</p>	<p>Response by registered provider detailing the actions taken: Auditing of care plans & patient care records has been carried out by the Registered Manager and will continue to be done on an ongoing basis. RGN's have been advised of time scales ranging from immediate to set dates to rectify any issues or inconsistencies with patient's care records. RGN's are therefore responsible for rectifying the finding from these audits. The results of care record audits is recorded and available for inspection and consultation.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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