

Unannounced Care Inspection Report 19 April 2016



Ambassador

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Inspector: Karen Scarlett

1.0 Summary

An unannounced inspection of Ambassador took place on 19 April 2016 from 10:00 to 16:00 hours.

The inspection sought to assess progress with any 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.

Is care safe?

One recommendation has been made in regards to the maintenance of the premises.

Is care effective?

One recommendation has been made in regards to record keeping.

Is care compassionate?

There were no areas identified for improvement in this inspection.

Is the service well led?

A total of two recommendations were made under the domains of safe and effective and one under well led. One recommendation has been stated for the second time.

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	0	4*

*The total number of recommendations made include one regarding care planning which has been stated for a second time.

Details of the QIP within this report were discussed with Amelia Noach, registered manager, and Emer Bevan, responsible person, 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 announced estates inspection. Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Amestecos Limited Responsible person: Emer Bevan	Registered manager: Amelia Noach
Person in charge of the home at the time of inspection: Amelia Noach	Date manager registered: Prior to 1 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 records:

- 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 plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with nine patients individually and with the majority of others in groups, two care staff, two registered nurses, one ancillary staff member, one visiting professional and six patients' visitors/representatives.

The following records were examined during the inspection:

- three patient care records
- staff duty rotas from 11 to 24 April 2016
- staff training records
- a random sample of incident and accident records from March 2016 to the present
- complaints records from April 2014 to the present
- a sample of audits
- monthly quality monitoring reports
- minutes of staff meetings
- minutes of patients/relatives meetings
- two recent recruitment files
- annual report
- a selection of policies

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 December 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last Care inspection dated 9 June 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (1); 16 (2) (c)</p> <p>Stated: First time</p>	<p>The registered persons should ensure that care plans are prepared and appropriately revised in consultation with patients and their representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence within the care records reviewed that patients and their representatives had been consulted regarding their care. A new form had been introduced to capture communication with patients’ representatives. In addition, the patients’ representatives who spoke with the inspector, confirmed that the communication with the staff was excellent.</p> <p>This requirement has been met.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.2 Stated: First time	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.	Not Met
	Action taken as confirmed during the inspection: The care records reviewed did not consistently record the wishes of patients and their representatives in relation to end of life care. Whilst care plans were in place they tended to be pre-printed and lacked personalised information to inform the care. This recommendation has not been met and has been stated for the second time.	
Recommendation 2 Ref: Standard Stated: First time	A policy should be developed to guide staff in relation to palliative and end of life care with reference to up to date guidelines.	Met
	Action taken as confirmed during the inspection: The death and dying policy had been updated in July 2015 to include guidance for staff on palliative and end of life care. This recommendation has been met.	

4.3 Is care safe?

Discussion with the registered manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of recruitment records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The recruitment records of the two most recently employed care staff were reviewed and were generally well kept and in keeping with regional guidance and DHSSPS Care Standards for Nursing Homes 2015. However, it was noted that in each record only one reference was on file and there were no interview notes retained. This was discussed with the registered manager and responsible person. In each case a satisfactory explanation was given for the difficulties in obtaining references for these individuals and it was noted that an enhanced Access NI check had been carried out in each case. The responsible person agreed to retain interview records and obtain two references in future.

Review of the training schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. One care assistant commented that the registered manager had sponsored her to complete her QCF qualification in health care which she was really enjoying.

Discussion with the registered manager and responsible person evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager stated that there were no current safeguarding investigations ongoing.

Review of three patient 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 risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly and quarterly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible person's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

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. Patients' representatives spoken with were complimentary in respect of the home's cleanliness. However, it was noted that there was significant damage to architraves particularly on the first floor. This was discussed with the registered manager and responsible person who stated that they had reminded care staff to take more care when moving equipment through the doorways. A recommendation has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

A recommendation has been made that the surface damage to the architraves identified on the first floor are repaired, to facilitate appropriate cleaning and minimise risks of infection.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Review of three 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 risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

In one of the care records reviewed, it was noted that a number of care plans had not been subject to a review in up to eight months. However, other care plans, in this record, had been updated to reflect the recommendations of the SALT and GP. The care plans in the other two records reviewed, had been updated on a monthly basis. This was discussed with the registered manager and responsible person who stated that they had attempted to address this with staff on a number of occasions. Evidence of this was noted in the minutes of the staff meeting. A recommendation has been made in this regard.

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 confirmed that they all attended a handover at each shift change, and although they were allocated to different floors, they received information about all patients in the home. Staff used a template on which to record handover information. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. 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. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that a "residents' forum" meeting for patients and their representatives were held on a bi-annual basis. The minutes of these meeting were reviewed and all comments made were very positive. Patients and their representatives spoken with expressed their confidence in raising concerns with the home's staff and manager. Patients and representatives knew the registered manager.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas for improvement

A recommendation has been made that 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.

Number of requirements	0	Number of recommendations:	1
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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. The lunchtime service was observed and staff were offering a choice of meal and drinks. Clothing protectors and napkins were available to patients. Specialist equipment had been provided for patients, where necessary, to enable them to remain independent. The meal was served hot and was attractively presented, including the pureed option. The menu was on display in an accessible format and was reflective of the meal served. Patients reported that they were enjoying their meals. The service was calm and well organised and timely assistance was given to patients as required.

It was noted that one lounge was supervised by staff at all times in an effort to prevent patient falls. Care staff were observed to be very attentive and pro-active in addressing patient's needs. In one case, a care assistant sat with a patient who had been attempting to stand unaided, and chatted to them as they completed their daily charts.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Relationships between all staff and the patients were observed to be relaxed and friendly.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Details of religious services held in the home were advertised on the notice boards.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

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

One patient commented that they were very happy with the care. Patients commented positively on the quality of the food in the home. Another patient commented on how much they valued being cared for by the same staff each day.

The inspector spoke with six patients' representatives and all their comments were very positive in regards to the care and the quality of the communication with staff. All those spoken with confirmed that they were kept well informed regarding their relative's condition and that the registered manager and Ms Bevan often came out to talk with them to see if they had any concerns. Two relatives in particular commented that they were very confident that their loved one was well cared for and that their needs were met. One relative commented that staff did not just care for their relative but that they loved them.

Ten questionnaires were issued to staff and three were returned within the required timeframe. All three respondents expressed a high level of satisfaction with the care provided and no concerns were raised.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. An organisational chart was on display on each notice board. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Staff were able to identify the person in charge of the home. From a review of the duty rotas it was not clear which hours the registered manager was working in a management capacity or that of lead nurse on the floor. A recommendation has been made.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered person.

Discussion with the registered manager and review of the home's complaints record 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. A copy of the complaints procedure was displayed on the notice boards in the home.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to care records, infection prevention and control, complaints and incidents/accidents.

The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, it was noted that whilst an infection prevention and control audit had been completed there was no documented evidence that issues identified had been appropriately addressed. This was discussed with the registered manager who agreed to add a section to the audit to evidence when outcomes were achieved.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. A review of records evidenced that the manager met with staff to discuss the learning from particularly serious incidents, alerts and investigations.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits were completed in accordance with the Nursing Homes Regulations

(Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015). An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

A recommendation has been made that the registered manager's hours, as stated on the duty rota, clearly identify the hours worked in a management capacity and in that of the lead nurse role.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Statutory requirements – No requirements resulted from the findings of this inspection

Recommendations

Recommendation 1

Ref: Standard 20, criterion 2

Stated: Second time

To be completed by:
19 June 2016

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.

Ref: Section 4.2

Response by registered person detailing the actions taken:

1. Reflective practice session held on 04/05/2016 with Palliative Support Link RGN's (Rema Borland and Marianne Tinkler) and Registered in the home.

- A. To have a better understanding of what palliative care is.
- B. To have an increased awareness of communication and the skills required for good communication with patients relatives and friends.
- C. To discuss sensitive issues.
- D. To prevent misunderstandings, conflict and complaints.
- E. Ensure that families and carers are supported as necessary including what symptoms and signs to look for and how these should be managed and ensure that the dying pathway is appropriately implemented.

2. A tool had been developed to guide nurses.

RE: Sensitive issues such as End of Life care work - which focuses on:

- A. Patients understanding/ communication needs.
- B. Patients spiritual needs.
- C. Relatives needs (please find attached copy of tool put in place.)

3. New Nice guidance to help RGN's to improve End of Life provision also available to meet these in practice.

<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>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Person has arranged for Sure Contracts decorators to address the surface damage to the architraves identified on the first floor.</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> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: A. Time had been identified in less busy periods for RGN's to leave the floor to review and update their care plans between 12-2pm Monday to Friday.</p> <p>B. RGN's had been advised to organise and manage their time more effectively to be able to use the allocated time specific for care planning/ evaluations.</p> <p>C. A registered colleague from our sister home (sisters capacity) had been identified to assist/ support RGN's to co-ordinate care plans and End of Life care.</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>Response by registered person detailing the actions taken: A located slot has been allocated in the staff rota for management hours to be visible. Two to three days will be allocated as management time completely off the floor for the Home Manager.</p>



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