

Unannounced Care Inspection Report 21 March 2017



Ambassador

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

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ambassador took place on 21 March 2017 from 14.30 to 16.30.

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.

On the day of inspection patients, relatives and staff spoken with commented positively in regard to the care in the home. A review of records, discussion with the registered manager and staff and observations of care delivery evidenced that the requirement and recommendations made as a result of the previous inspection had been complied with.

One recommendation has been made in respect of duty rotas.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Amelia Noach, registered manager, 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 care inspection undertaken on 05 December 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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 registered nurses and six care staff.

Eight questionnaires were also issued to patients, staff, and relatives.

Four patients and seven 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
- three patient care records
- staff training records
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- supervision and appraisal planner

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 December 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 December 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	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	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of duty rotas for weeks commencing 06, 13 and 20 March 2017 evidenced that, on average, twenty four hours per week had been allocated to managerial responsibilities. The registered manager confirmed that this was sufficient time for her to carry out management duties. It was agreed that the allocation of management hours would be kept under review.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of three weeks duty rotas for weeks commencing 06, 13 and 20 March 2017 evidenced that the hours worked by the registered manager in a management capacity and as the lead nurse had been clearly identified on the duty rotas.	

<p>Recommendation 2</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p>	<p>The registered provider should supply RQIA with the percentage of staff trained in 2016 in each of the following areas:</p> <ul style="list-style-type: none"> • Safeguarding vulnerable adults • Moving and handling • Infection prevention and control • Fire safety • First aid • COSHH. <p>Action taken as confirmed during the inspection: The above information was submitted to RQIA following the inspection. There was evidence that the majority of staff had completed mandatory training to date.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: Training records had been maintained in accordance with relevant legislative requirements and standards.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p>	<p>The registered manager should confirm that all registered nurses have been trained and are competent in the management of enteral feeding.</p> <p>Action taken as confirmed during the inspection: Three registered nurses attended enteral feeding training provided by Belfast Health & Social Care Trust in February and April 2016. Records evidenced that this training had been cascaded to all registered nurses.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Whilst the white boards remained insitu in patients' bedrooms, only limited information in respect of dietary requirements was displayed. Staff had been advised not to use the white boards to communicate information regarding patients' personal care needs.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 35.6</p> <p>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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of records evidenced that an auditing system had been developed and implemented. A number of audits had been undertaken since the last inspection, these included; wound care; accident and incidents and care plans. A review of the above audits evidenced that an action plan had been developed for areas of improvement.</p>		

4.3 Inspection findings

4.3.1 Care delivery and practice

Patients were observed to be sitting in the lounges, or in their bedrooms, as was their personal preference. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients, as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Observation of the afternoon tea confirmed that 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.

A review of care records for three patients evidenced that risk assessments and care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks

identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate.

4.3.2 Consultation

Patients spoken with commented positively with regard to the care they received and were happy in their surroundings. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect and in a timely manner. It was evident from staff and patient engagements that they knew each other well and patients spoken with knew the registered manager.

As part of the inspection process, we also issued questionnaires to staff, patients and relatives. Four patients and seven relatives completed and returned questionnaires within the required time frame. Patients and relatives indicated that they were either “very satisfied” and/or “satisfied” that the care was safe, effective and compassionate and the home was well led. No additional written comments were received.

4.3.3 Staffing

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 staffing rotas for weeks commencing 06, 13 and 20 March 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing provision within the home. A recommendation has been made for the duty rotas to be signed by the registered manager or designated representative to verify the actual hours worked by each member of staff.

4.3.4 Environment

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.

Areas for improvement

One recommendation has been made in respect of duty rotas.

Number of requirements	0	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, 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 - None

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered persons should ensure duty rotas have been signed by the registered manager or designated representative to verify the actual hours worked by each member of staff.</p> <p>Ref: Section 4.3.3</p> <p>Response by registered provider detailing the actions taken: The Registered Manager or the Registered Provider will sign each duty rota as produced to ensure verification of the actual hours worked by each member of staff. In addition Ambassador Nursing Home has in place a computerised scanning system which calculates the actual hours worked by each member of staff.</p>
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