



Unannounced Follow Up Care Inspection Report 21 November 2018



Ambassador

Type of Service: Nursing Home (NH)
Address: 462-464 Antrim Road, Belfast, BT15 5GE
Tel No: 02890771384
Inspector: Michael Lavelle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 48 persons.

3.0 Service details

Organisation/Registered Provider: Amstecos Ltd Responsible Individual(s): Emer Bevan	Registered Manager: Amelia Noach
Person in charge at the time of inspection: Elizabeth Ninan, registered nurse	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) A – Past or present alcohol dependence. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 48 A maximum of 2 patients in category NH-A

4.0 Inspection summary

An unannounced inspection took place on 21 November 2018 from 14.10 hours to 20.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 19 July 2018.

The findings of this report will provide Ambassador with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*2

*The total number of areas for improvement includes one under regulation and two under the care standards which have been restated for a second time and have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Ninan, registered nurse, as part of the inspection process and with Amelia Noach, registered manager, during a phone call on 22 November 2018. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 9 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 November 2018. No further actions were required to be taken.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with 11 patients, four patients' relatives, one visiting professional and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from week commencing 12 November 2018 and 19 November 2018
- incident and accident records
- patient nutrition register
- four patient care records
- a selection of supplementary care charts including food and fluid intake charts and reposition charts
- patient activities records and patient survey

- a selection of cards and compliments received
- a sample of governance audits
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.	Met
	Action taken as confirmed during the inspection: Review of records evidenced clinical supervision was held with registered nurses on 21 July 2018 and 8 August 2018 with regards to post fall management. Review of two care records evidenced when two identified patients had unwitnessed falls, neurological and clinical observations were carried out consistently in accordance with best practice guidance and the homes policies. The patient’s next of kin and care manager were appropriately notified and a post fall risk assessment completed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced improvements since the last care inspection with the majority of the deficits identified addressed. However, observation of practice evidenced concerns with regards to effective use of personal protective equipment (PPE) and hand hygiene across all grades of staff. Staining was observed on some patient equipment including a shower chair and raised toilet seat. There was no availability of aprons at two identified PPE stations and an identified toilet did not have a waste bin. Perished paintwork above a sink in an identified bathroom had not been addressed despite having been identified at the previous care inspection on 19 July 2018.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced topical medicines were appropriately stored and medicine trollies were locked and secure when not in use.</p>		

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager post inspection confirmed that domestic staff have received recent training in relation to the dilution of cleaning products.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the use of keypad locks within the home in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>Action taken as confirmed during the inspection: Review of the environment and discussion with the registered manager evidenced keypad locks within the home were appropriately managed. We requested that appropriate signage be erected at the front door to ensure exit codes are visible.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure patients' nutritional needs are effectively communicated between nursing staff and the kitchen.</p> <p>This area for improvement is made with specific reference to patient's requiring modified diets.</p> <p>Action taken as confirmed during the inspection: Review of the records and discussion with staff evidenced an up to date patient nutrition register is maintained in the kitchen. This had been updated on 19 November 2018 and had been reviewed by the home manager.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning charts, are completed in an accurate, comprehensive and contemporaneous manner.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a selection of supplementary care records evidenced that contemporaneous records were not consistently maintained. Although food and fluid records were generally well maintained, records evidenced gaps in reposition charts. For example, review of repositioning records for one identified patient who required four hourly repositioning, evidenced gaps of up to six hours on two occasions. Review of a further record evidenced that the care plan did not direct how often the patient required repositioning. The nurse in charge confirmed this should be every three to four hours. Records evidenced frequent gaps in recording including up to 12.5 hours on one occasion.</p> <p>This area for improvement is not met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the activities co-ordinator and review of records evidenced the activities in the home reflected the patient's wishes. The activity board contained a pictorial display of the weather and physical activity was incorporated into the planned activities. A patient survey was recently completed in September 2018. We commended the home for the use of pet therapy and the quarterly newsletter that is issued.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>This area for improvement is made with specific reference to auditing of care records, wounds, incidence of infection, hand hygiene and use of PPE.</p>	Partially met
	<p>Action taken as confirmed during the inspection: Review of records evidenced accident and incident audits were well completed. However, deficits with the auditing process were identified. This is discussed further in section 6.3 of this report.</p>	

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 19 July 2018.

The nurse in charge 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 rota from weeks commencing 12 November 2018 and 19 November 2018 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a caring manner.

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 and fresh smelling throughout. Many of the patient's bedrooms were found to be highly personalised.

During review of the environment patient medication records were observed stored on the top of two medicine trollies and patient information was displayed on a whiteboard that was visible to patients and visitors. In addition, information pertaining to patient care was observed to be easily accessible in corridors throughout the home. Ensuring patient information is stored securely in the home was discussed with the registered manager at the previous care inspection. An area for improvement under regulation was made.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Gaps were observed in relation to management of infection. Review of one patient's care record evidenced that the care plan was not updated to reflect antibiotic therapy for treatment of a recent infection. In addition, the care plan had not been updated on the completion of antibiotic therapy to treat a previous infection some three weeks previous. Review of records and discussion with staff evidenced that Public Health Agency (PHA) guidance in relation to the management and diagnosis of suspected urinary tract infections was not referred to or adhered to. Review of a further care plan for the same patient evidenced it did not state how often the patient, who was at risk of pressure damage, was to be repositioned. This was discussed with the registered manager and an area for improvement under the regulations was made.

Review of four patient's care records did not clearly evidence that the care planning process included input from patients and/or their representatives, if appropriate. However, there was evidence of regular communication with representatives within the care records. This was discussed with the registered manager who agreed to raise this with the registered nurses. This will be reviewed at a future care inspection.

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Ambassador was a positive experience. Some of the comments received from patients were as follows:

"They are very good, they are awfully good. They aren't ignorant or anything."

"We are well looked after."

"It's a nice place. The staff are nice too. The food is lovely sometimes."

Ten patient questionnaires were left in the home for completion. None were returned within the expected timescale.

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.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. Four relatives were consulted during the inspection. Some of the comments received were as follows:

"My relative has settled in well here. I have no complaints."

"It's dead on. The manager does a great job. We have seen a big improvement in my relative since they came here."

One visiting professional said the staff at Ambassador were "always very welcoming."

Review of audit records evidenced accident and incident audits were completed monthly with additional analysis of trends on a quarterly basis. However, deficits were identified in the robustness of the IPC audits. Audits were completed in July 2018 and August 2018 did not identify deficits highlighted during the inspection. None of the audits generated a clear action plan which identified what the deficits were, who was responsible for addressing them and a date by when they would be addressed. Records evidenced only 11 staff had taken part in a hand hygiene audit since the last care inspection; seven on 1 September 2018 and four on 2 October 2018. Review of the hand hygiene audit tool evidenced it was very detailed and contained information that could be referenced in a hand hygiene policy. This was discussed with the registered manager and had been identified as an area for improvement at the inspection of 19 July 2018. This area for

improvement has been stated for a second time. The registered manager was encouraged to seek additional supports from PHA or the infection control team of the Belfast Health and Social Care Trust (BHSCT) with regards to developing appropriate audit tools and systems.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients and maintaining good working relationships.

Areas for improvement

Two areas for improvement under regulation were identified in relation to managing patient information confidentially, management of infection and care planning the frequency of repositioning.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Ninan, registered nurse, as part of the inspection process and with Amelia Noach, registered manager, during a phone call on 22 November 2018. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4 of the previous care inspection report.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Aim of the home is to ensure residents/staff and their families are safe from acquiring infection from any source. Staff are fully aware of and should put into practice the basic principles of infection control. Staff aware but constantly reminded that good hygiene is the most powerful weapon against infection. Personnel in the Home assigned to assist with infection control in the home.</p> <ul style="list-style-type: none"> • RGN • HCA • Registered Manager <p>The daily person in-charge in conjunction with the above are responsible for checking infection control compliance. All staff are required to make infection control their priority and react at all times in a way that is safe and effective for prevention. Sufficient supplies of appropriate PPE is always available. Staff accept that majority of cross infection is caused by unwashed hands.</p> <p>Following this inspection the following steps were taken;</p> <ol style="list-style-type: none"> 1. Re-training for infection control and preventative measures. 2. New hand hygiene tool adapted, and training restarted on same 3. New general environment tool implemented and ongoing. 4. PPE – to dispose at point of care ONLY 5. 5 moments to be applied at all times, to make use of cutan dispensers as available across the Home. 6. Additional dispenser installed. Bathroom 63 7. Bins removed for cleaning they are to be replaced immediately. 8. Shower chairs to be cleaned daily after use & recorded.

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure information about a patient's health and treatment is handled confidentially.</p> <p>Ref: 6.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: An area for secure storage of Residents records had been identified, specific records had been removed from the conference room and are now located in storage areas in Nurses station No.2. A keypad system for the conference room has been installed, thus leaving this door secured at all times. Whiteboards with information regarding Residents, had been removed to the treatment room as this continued to be a reminder regarding specific duties for RGN's, only staff & MDT have access to this facility. Records regarding personal care that were available on the floors have been removed and also stored in HCA's filing cabinet.</p> <p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • ensuring care plans accurately reflect prescribed care in the management of infection and best practice guidance is adhered to • ensuring care plans accurately reflect the frequency of repositioning patients who are at risk of pressure damage. <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff reminded that good record keeping is a vital part of knowledge sharing & must be completed as soon as possible. Benefits of record keeping include;</p> <ul style="list-style-type: none"> • Clear evidence of planned care • Decisions made and information shared • Promotion of safe and effective care <p>Nursing Staff reminded of their responsibility in adhering to NMC guidelines for record keeping. Time allocated for both hands-on care and documentation as these components constitute total patient care. Staff made aware that good documentation is a paramount to evidence the care delivered. Risk assessments have been reviewed for all residents. Repositioning record has been implemented to guide staff as to level of risk to patients which staff have found beneficial. Specific staff identified within each shift to supervise the record keeping process for allocated task. Spot checks are randomly done to ensure that record keeping is up-to-date.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning charts, are completed in an accurate, comprehensive and contemporaneous manner.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Medium to high risk residents have been identified according to their Braden Risk assessments. Staff now following newly introduced Repositioning record to aid with understanding and following residents' repositioning schedules. Spot checks and audits of repositioning are randomly done and deficits immediately shared with staff. Registered Nurses had been made aware of their responsibilities and supervisory roles to ensure that staff are compliant with all aspects of care delivery for safe and effective care.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>This area for improvement is made with specific reference to auditing of care records, wounds, incidence of infection, hand hygiene and use of PPE.</p> <p>Ref: 6.2 and 6.3</p> <p>Response by registered person detailing the actions taken: A new Audit tool for Hand Hygiene/use of PPE and 5 moments for hand hygiene was adopted in Nov 18. Upskilling and training has been carried out to reiterate the importance of infection control and prevention. All staff have been advised of their responsibility to update their hand hygiene technique and adhere to correct procedure. Spot checks, one/one supervision, group discussions and formal and informal communication are ongoing to continue to drive the importance of infection control and address poor performance if appropriate.</p> <p>Auditing of care records, wounds, hand hygiene, PPE use and infection control is ongoing .</p>

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