

Unannounced Care Inspection Report 20 November 2017



Park Manor

Type of Service: Nursing Home (NH)
Address: 6 Thornhill Road, Dunmurry, Belfast, BT17 9EJ
Tel no: 028 9030 7700
Inspector: Lyn Buckley

www.rgia.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 and residential care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Group Responsible Individuals: Mr Brian Macklin Mrs Mary Macklin	Registered Manager: Miss Claire Black
Person in charge at the time of inspection: 08:00 – 09:00, Nurse Costinescu 09:00 onwards, Claire Black	Date manager registered: 14 April 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 81 comprising: 51 – NH- I and PH 27 – NH-DE to be accommodated on the first floor. 3 – named persons in RC - I

4.0 Inspection summary

An unannounced inspection took place on 20 November 2017 from 08:05 to 16:30 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Park Manor which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and knowledge, the standard of hygiene and cleanliness of the home's environment, effective communication between patients, relatives, staff and other key stakeholders, care delivery, and the culture and ethos of the home which focused on patient outcomes.

Areas requiring improvement were identified under the regulations in relation to fire safety practices and to review of the use keypad locks on exit doors.

Patients described living in the home in positive terms. 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.

The findings of this report will provide the home 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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Claire Black, Registered Manager, and Mrs Mary Macklin, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 26 June 2017

The most recent inspection of the home was an announced joint care and premises inspection undertaken on 26 June 2017 in respect of a variation to the registration of the home. Other than the QIP issued as part of the premises inspection there were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 14 patients individually and with others in small groups and with 15 staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance foyer.

The following records were examined during the inspection:

- duty rota for all staff from 13 to 26 November 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

There were no areas for improvement identified at the last care.

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 26 June 2017

The most recent inspection of the home was an announced joint care and premises inspection in respect of a variation to registration application. No areas for improvement were identified within the care inspection report. The estates inspector will validate the QIP from the premises inspection at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 and 4 August 2016

There were no areas for improvement identified as a result of the last unannounced care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 rota from 13 to 26 November 2017 evidenced that planned staffing levels were adhered to. Short notice sick leave was recorded on duty rotas with evidence of actions taken to cover the shifts. Rotas also confirmed that catering and housekeeping staff were on duty daily.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with during the inspection did not raise any concerns regarding staffing levels or the quality of care delivered. 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, while busy, attended to patients needs in a timely and caring manner.

We also sought patients', relatives' and staff opinion in regards to the quality of care via questionnaires and an online survey. At the time of writing this report four questionnaires had been returned from relatives. All four respondents indicated that they were either satisfied or very satisfied that care was safe. There were no survey responses received from patients or staff.

RQIA were assured from the review of records, observations of the care delivered and discussion with management, staff and patients that staffing levels were kept under review and adjusted as necessary, to ensure the assessed needs of patients were met.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC. We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Records confirmed that staff received regular mandatory training such as fire safety and moving and handling, and that additional training was also made available to enable staff to fulfil their role and function in the home. Records reviewed were maintained in accordance with the DHSSPS Care Standards for Nursing Homes 2015.

Observation of the delivery of care evidenced that training, such as moving and handling, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Staff spoken with were aware of their role and responsibilities regarding infection prevention and control (IPC) measures in relation to ensuring a clean environment and the use, storage and disposal of IPC equipment. Discussion with a member of the housekeeping staff confirmed their knowledge of the regionally recognised colour coded system for cleaning equipment. Advice was provided, by the inspector, regarding the transport/storage of 'used' mop heads as a number of used mop heads were observed in the base of the domestic trolley and that transporting them through the home could contaminate any clean areas into which the trolley was taken. The staff member confirmed that she would speak with her line manager regarding the advice immediately. During feedback it was confirmed that the advice had been shared with the appropriate staff and assurances provided that this would be addressed.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, two bedroom doors were observed to be propped or wedged open. It was good to note that when staff were made aware of these they responded appropriately by removing the wedge/prop and reported the matter to their line manager. Specific details regarding one bedroom were discussed with staff from the unit and with the registered manager during feedback. An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, care delivery and the standard of hygiene and cleanliness of the home's environment.

Areas for improvement

An area for improvement under the regulations was made regarding fire safety practices.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed the management of pressure area care and wounds; nutrition, falls and the admission process. Patient records evidenced that nursing assessments and care plans were completed at the time of the person's admission to the home. Assessments and care plans reviewed were generally reflective of the assessed needs of the patients and were kept under regular review. One patient's falls risk assessment was discussed in detail with the nurse in charge of the unit given the details recorded in the pre admission and admission assessments. It was agreed that some information had not been considered in the initial assessment and the registered nurse undertook a review of the assessment before the conclusion of the inspection.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as Tissue Viability Nurses (TVN), Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans in respect of pressure area care, wounds, and nutrition had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, repositioning and food intake charts were recorded accurately and had been evaluated.

There was evidence of regular communication with patients and/or their relatives within the care records.

Observation at the commencement of the inspection and discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided necessary information regarding each patient's condition and ongoing care needs.

Staff spoken with stated that there was effective teamwork and that 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. Staff were very complementary regarding the support provided by the management team.

We also observed the delivery of care throughout the home and were assured that patients' needs were met. Discussion with the registered manager and a review of a sample of governance records evidenced that that systems and processes were well established to quality assure effective communication with patients, relatives, staff and other healthcare professionals.

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

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to effective communication between patients, relatives, staff and the multi professional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 08:05 hours and were greeted by staff who were helpful and attentive. Staff were observed receiving a handover report and a number of patients were up and seated in the lounges of each unit. Patients able to communicate confirmed that they preferred to rise early and were waiting for their breakfast to be served. Those patients unable to verbalise their view were observed to be relaxed and to enjoy their breakfast. Staff confirmed it was their usual pattern to rise before day staff commenced duty. It was evident that patients were enabled to exercise their preference in rising times or were provided with assistance based on their care needs.

Later in the morning patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

We spoke with 14 patient individually and with others in smaller groups throughout the inspection. Patients able to communicate their feelings stated that they enjoyed living in Park Manor. 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 patient questionnaires were issued; none were returned within the timescale for inclusion in this report.

We did not speak with any relatives/visitors during the inspection. Ten questionnaires for relatives were issued; four were returned within the timescale for inclusion in this report. Relatives indicated that they were satisfied or very satisfied with the care provided across the four domains. No additional comments were recorded.

We also reviewed a number of cards and letters received by the home from relatives.

Comments were very positive and included the following:

- “Thank you to staff at Park Manor for the care and friendship shown to...”
- “Would like to thank staff...for all their help, care and support... Your commitment to...was very much appreciated.”
- “Words cannot express how much...family appreciate the loving care you and your staff gave to...”
- “...was treated with so much affection, compassion and dignity. For this we are truly thankful.”

We spoke with 15 staff during the inspection. Staff commented positively regarding the care they delivered, team work and the support from management. Staff comments are included throughout this report. We received four incomplete responses to the online staff survey expressing their dissatisfaction. Comments recorded have been forwarded to relevant persons for review.

Any comments received from patients, relatives and staff following the issue of this report will be shared with the relevant persons for their information and action as required.

Observation of the serving of the lunch time meal on the second floor and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary. Staff demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques and ensured that the mealtime experience for patients was as enjoyable as possible.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the early morning routine and the dining experience of patients including staff awareness of and adherence to their dietary requirements and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

Discussion with the registered manager took place regarding the use of the keypad locking systems to exit each floor of the home. Based on the home's registered categories of care an area for improvement under the regulations was made to review the use of keypad locks in conjunction with the Department of Health's (DoH) guidance on deprivation of liberty safeguards (DoLs).

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the governance arrangements regarding complaints, accidents/incidents, infection prevention and control, and wound management evidenced that the processes were effective. Other systems in place included checks for the registration of staff with NMC and NISCC. The outcome of governance auditing informed the monthly monitoring visit conducted on behalf of the responsible individuals.

We reviewed the reports from the unannounced visit undertaken on behalf of the responsible individuals. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and copies of the reports were available in the home.

A review of accident/incidents occurring in the home and the notifications of incidents sent to RQIA since the last care inspection confirmed that these were managed and reported appropriately.

Discussions with staff confirmed that there were good working relationships between all grades of staff, good team work and good support from line managers. Staff were enthusiastic about the home and the patients and believed they were contributing to "making a difference" to the quality of patients' care and experiences within the home.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the registered manager if necessary. In discussion with patients, they were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team working, staff management and governance systems and processes relating to quality assurance and care delivery.

Areas for improvement

An area for improvement under the regulations was made to review the use of keypad locks in conjunction with the Department of Health's (DoH) guidance on deprivation of liberty safeguards (DoLs).

	Regulations	Standards
Total number of areas for improvement	1	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 Miss Claire Black, Registered Manager, and Mrs Mary Macklin, Responsible Individual, as part of the inspection process. 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 27(4)</p> <p>Stated: First time</p> <p>To be completed by: From date of the inspection</p>	<p>The registered person shall ensure that fire doors are not wedged or propped open.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff spoken with regarding the risks off wedging fire doors open.</p> <p>Relative who had brought wedge to the home spoken with & emphasised risks involved. Wedge removed from home & staff monitor closely to ensure door is not wedged open.</p> <p>All staff attending fire training update & Health & Safety officer told to emphasise risks of wedging fire doors open during training.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall review the use of keypad locks within the nursing home in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registered categories of care.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Notices put up at lifts & key pads stating that if residents/visitors require the code to ask a member of staff.</p> <p>Cards with codes on them placed in residents rooms.</p> <p>Currently discussing with families/relatives how best we can address this & seeing if they have any other suggestions that could make it easier for their relatives.</p>

Please ensure this document is completed in full and returned via Web Portal



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