



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## **UNANNOUNCED INSPECTION**

**Inspection No:** 5995  
**Establishment ID No:** 1282  
**Name of Establishment:** Pond Park  
**Date of Inspection:** 18 October 2010  
**Inspector's Name:** Linda Thompson

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Pond Park Care Centre
<b>Address:</b>	2 Derriaghy Road, Lisburn BT28 3SF
<b>Telephone Number:</b>	02892 672911
<b>E mail Address:</b>	pondpark@shealthcare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Southern Cross Healthcare
<b>Registered Manager:</b>	Michelle McIlwaine (registration pending)
<b>Person in Charge of the Home at the time of Inspection:</b>	Suzanne Scott (acting manager)
<b>Categories of Care:</b>	NH-I ,NH-PH ,NH-PH(E) ,NH-TI ,RC-I
<b>Number of Registered Places:</b>	58
<b>Number of Patients Accommodated on Day of Inspection:</b>	53
<b>Scale of Charges (per week):</b>	Nursing £537-£700 Residential £476.00
<b>Date and type of previous inspection:</b>	7 and 8 September 2010 Announced Inspection
<b>Date and time of inspection:</b>	18 October 2010 11.00 - 16.30 hrs
<b>Name of Lead Inspector:</b>	Linda Thompson

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### **PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service provided to users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### **METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with Southern Cross aligned quality inspector Mrs Mary Stevenson
- Discussion with the acting manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Examination of records pertaining to activities and events
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Evaluation and feedback
- Observation during a tour of the premises

## INSPECTION FOCUS

The inspection sought to establish the level of compliance being achieved with respect to the Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

### 3.0 PROFILE OF SERVICE

Pond Park Care Home is situated in the semi-rural area of Pond Park, Lisburn at the junction of the Antrim Road and Derriaghy Road. It is centrally located within the local community and is very convenient to shops and community services. The parking facilities within the grounds of the home adequately meet the needs of current visitors and staff of the home. Public transport facilities are located directly outside the home.

The home is a 58 bedded facility, which provides accommodation and services on two floors.

A range of assisted bathrooms and toilets were positioned throughout the home. Catering and laundry facilities are provided on the premises.

The Certificate of Registration was displayed and accurately reflected the categories of care being accommodated on the day of the inspection

The home is registered to provide care under the following categories of care:

#### Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

#### Residential Care (3 residents)

I	Old age not falling into any other category
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## 4.0 SUMMARY

An unannounced follow up inspection of Pond Park Care Centre was undertaken by Linda Thompson on 18 October 2010. The inspection was carried out over one day and focused on the progress made with the achievement of requirements and recommendations made following the September 2010 inspection.

The registered manager for the home is currently on temporary absence due to ill health and an acting manager has been appointed. The acting manager Mrs. Suzanne Scott was in attendance throughout the inspection. Mrs. Mary Stevenson the Quality Inspector for Southern Cross joined the inspection shortly after its commencement. The atmosphere during the inspection was relaxed and informal.

During the course of the inspection, the inspector met with patients/ residents, relatives and staff, observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

Patients who spoke with the inspector expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. Patients were pleased that their bedrooms were well maintained and always fresh and clean. Some comments received are detailed below:

- "The food is very good"
- "The staff would do anything for me"
- "I am very happy here and my daughter can call at any time"
- "I know that if I was worried about anything that I would speak to the nurse in charge"

The relatives of two patients were available to meet with the inspector and they were equally pleased with the standard of care provided in the home and the quality of the staff team. The relatives were particularly pleased with the recent relatives meeting held by the acting manager.

The inspector was able to observe care delivery whilst touring the home and can confirm that the patients / residents were treated with dignity and respect. Staff who spoke with the inspector confirmed that whilst the registered manager is absent the quality of care delivered is maintained at a high standard. All staff demonstrated good awareness of infection prevention and control measures.

The inspector undertook a tour of the home and examined a number of patients' bedrooms and communal rooms at random. The individual bedrooms were found to be well maintained and individualised to the patient. Patients / residents were happy with the standard of hygiene in the home. No malodours were evidenced throughout the facility. No issues are raised as a consequence of review of the environment.

The inspector reviewed the homes compliance with the previous quality improvement plan issued in September 2010.

Whilst it has been a relatively short period since the last inspection the inspector was aware of the temporary absence of the registered manager and sought reassurance that the acting manager supported by a senior management team, was able to sustain improvements previously made and was progressing the various areas for improvement identified in the September inspection.

As recorded in section 5 a number of issues identified have not yet been addressed. Training was evidenced to be ongoing in respect of the mandatory topic of First Aid and training in the use of the Malnutrition Universal Screening Tool (MUST). The inspector appreciates that the time frame for completion of this training was originally identified as two months and this inspection falls within that time frame.

The inspector raises concern regarding the lack of improvements identified as being required in care planning records. This was discussed at length with the management team and whilst it is appreciated that the acting manager is only recently appointed, the support by the Southern Cross senior managers should drive the improvements required forward with greater pace. It is a requirement that the nursing care records are maintained to a satisfactory standard which meets The Nursing Home Regulations (Northern Ireland) 2005 and Nursing Home Minimum Standards guidelines. This requirement is stated for a second time.

The inspector was introduced to a new activity coordinator recently recruited and was advised that ongoing training and guidance is being provided to ensure that the activity coordinator is knowledgeable in the level of record keeping required. Activity records were partially available at the time of the inspection. The acting manager must ensure that these records are always maintained in the home and available for inspection as required. Three previous recommendations relating to activity programme management are stated for a second time in the quality improvement plan attached.

There was one requirement stated for second time and one requirement carried forward for further validation along with four recommendations re stated as a result of the inspection. Details can be found in the main body of the report and in the quality improvement plan (QIP).

The inspector wishes to thank Mrs Scott and Mrs Stevenson, patients and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

**5.0 FOLLOW-UP ON PREVIOUS ISSUES****(i) Issues arising during previous inspection****(ii) Issues arising since previous inspection (ie complaints, investigations)**

Nil identified

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 20 (1)(c)	<p>The registered provider must ensure that staff receive :</p> <ul style="list-style-type: none"> <li>• Mandatory First Aid training with regular updates as required.</li> <li>• Refresher training on the use of MUST</li> </ul>	<p>The inspector was able to verify that twelve of the staff team have received training in first aid. This training is ongoing and Mrs. Stevenson quality inspector has given assurance that this will be further advanced in the incoming weeks.</p> <p>Refresher training on use of the MUST is ongoing.</p> <p>Further verification of compliance with the requirement will be checked at next inspection.</p> <p><b>Carried forward.</b></p>	<b>Partially met</b>

2	Regulation 19 (3)(a)	<p>The home manager must ensure that the patient records identified in the report are updated to reflect all aspects of daily care provision. The following issues should be clearly recorded in the records:</p> <ul style="list-style-type: none"> <li>• Fluid and food intake records should be maintained to reflect a comprehensive and detailed overview of dietary intake.</li> <li>• Fluid intake should be reconciled to daily records.</li> <li>• Reconciliation of bowel function should be recorded in daily records.</li> <li>• Care plan records should be updated to reflect commencement and discontinuation of therapy.</li> </ul> <p><b>Ref. section 6 criterion 5.3</b></p>	<p>The inspector was advised by Mrs. Stevenson that work to address the deficits in record management identified in the last inspection have not yet been addressed.</p> <p>A new tool to record fluid management is to be used in the near future in the home as part of a trial project. Already in use in a number of select facilities it is hoped that this will improve recording of fluid intake and output.</p> <p>The inspector was unable to evidence that this element of the requirement is addressed.</p> <p>The inspector was unable to evidence that this element of the requirement is addressed.</p> <p>The inspector was advised that this issue is being addressed with training and remains ongoing.</p> <p><b>This requirement is carried forward</b></p>	<b>Not Met</b>
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3	Regulation 20 (1)(a)	<p>The registered provider must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for health and welfare of patients.</p> <p>The registered provider should ensure that staffing levels are based on the Rhys Hearn dependency assessment tool and provide a ratio of 35% qualified nursing staff to 65% care staff as directed in "Staffing Guidance for Nursing Homes, June 2009" issued by the RQIA.</p> <p><b>Ref section 7.7</b></p>	The inspector reviewed the staffing levels available in the Pond Park suite on the day of the inspection and can confirm that this requirement is substantially met.	<b>Substantially met</b>
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 5.4	It is recommended that the home manager review the assessment of pain management within the home. This review should ensure that reassessment of the management of patient pain is an ongoing process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.	The inspector was advised that work with pain assessment tools is ongoing. No significant changes have been made to the assessment of effectiveness of prescribed analgesia for patients to date.  <b>This recommendation is carried forward.</b>	<b>Partially met</b>
2	Standard 6.2	It is recommended that the home manager ensures that all entries in records are dated, timed and signed, with the signature accompanied by the name and designation of the signatory.	The inspector can confirm that this recommendation is fully met.	<b>Fully Met</b>
3	Standard 17.10	It is recommended that the home manager ensures that the level of satisfaction of the complainant is recorded following completion of any complaints investigation.	The inspector can confirm that this recommendation is fully met.	<b>Fully Met</b>
4	Standard 8.4	It is recommended that the home manager in conjunction with the cook review the availability of fresh fruit for all patients. Fresh fruit should be made available on a daily basis to all patients and provided in a suitable format to meet each individual patients need.	The inspector can confirm that this recommendation is fully met.	<b>Fully Met</b>

5	Standard 13.1	It is recommended that the registered manager review and develop the documentation to be used in assessing the likes and dislikes and interests of each patient in respect of activities. This should ensure that the programme of activities planned is appropriate to each individuals needs.	The inspector was advised that there has been a recent change in activity staff in recent weeks. The records to verify that this recommendation is met were unavailable during the inspection.  <b>This recommendation is carried forward.</b>	<b>Partially met</b>
6	Standard 13.7	It is recommended that the registered manager develop a process for quality assuring the work of the activity coordinator.	The inspector was advised that the current activity person is new to post and undergoing full induction. It is established that regular staff supervision will be maintained to monitor effectiveness of activity programme and skills of programme leader.	<b>Fully met</b>
7	Standard 13.8	It is recommended that the registered manager develop a method of recording evidence to confirm that the activity coordinator receives an update on patient well being at the start of her period of duty. This should also provide evidence of feed back from the activity coordinator to staff on the effectiveness of the activity undertaken.	The inspector can confirm that this recommendation is fully met.	<b>Fully met</b>
8	Standard 13.9	It is recommended that the registered manager ensures that the name of the person leading the activity is recorded in documentation.	The inspector was advised that there is new documentation to be used in the recording of the activities. This was unavailable at the time of the inspection and the recommendation is therefore carried forward.  <b>This recommendation is carried forward.</b>	<b>Partially met</b>

9	Standard 13.10	It is recommended that the registered manager ensure that the programme of activities is reviewed regularly and that it meets patients changing needs.	The inspector was unable to validate that the programme is regularly reviewed.  <b>This recommendation is carried forward.</b>	<b>Partially met</b>
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## **6.0 Inspection findings**

### **6.1 General environment**

The inspector was able as part of the inspection to tour the facilities accompanied by the acting manager. The home at this time was found to be clean and well maintained. No malodours were evident throughout the home. Patients and residents were observed to be enjoying their midday meal and there was a relaxed informal atmosphere throughout.

### **6.2 Patient / Resident views**

The inspector was able to chat freely with the patients / residents with all confirming that they were happy with the standard of care and quality of food delivered. A number of comments were received and are detailed below:

- "The food is very good"
- "The staff would do anything for me"
- "I am very happy here and my daughter can call at any time"
- "I know that if I was worried about anything that I would speak to the nurse in charge"

### **6.2 Relatives views**

The inspector met with relatives of two patients / residents at the time of the inspection. Both family members were very happy with the quality of care delivered. Both had attended a recent relatives meeting and feel reassured with the professional approach of the acting manager. Both family members were able to confirm that significant improvements have been identified in the home in the past year and that they would feel able to bring any concerns raised to the management team.

### **6.3 Care records**

The inspector discussed the required care plan documentation improvements as identified in the previous inspections quality improvement plan. The quality inspector confirmed that given the temporary absence of the registered manager that the progress of identified work has not been sufficient to meet the requirements of September's quality improvement plan. The inspector was concerned that this requirement has not yet been addressed given the level of support provided by the Southern Cross quality team in the past month to the acting manager.

The inspector has restated the requirement for a second time and advised the quality inspector that a further unannounced inspection should be anticipated to allow the inspector to validate that the improvements required are made.

#### 6.4 Staffing

The inspector reviewed the staff duty rota available on the pond park suite side of the home as part of the inspection process.

The inspector reviewed the Rhys Hearn dependency assessment of the patients / residents and can confirm that based on the accuracy of this assessment the number of staff in total was appropriate for the needs of the current patients. Attention however should be given to ensuring that the ratio of qualified staff to care staff is maintained every day at 35% qualified nursing to 65% care staff. The staff duty rota did illustrate some days when this ratio was not maintained.

The inspector also noted the display of a guidance document in the nursing staff office in pond park suite which was issued by senior management. The document illustrated staffing level guidelines based on a ratio system of staff to patients / residents. The lower section of the document illustrated information implying that the RQIA used a simple ratio system to determine appropriate staffing levels required in the home.

The inspector discussed this guidance document at length with the acting manager and the quality inspector. The inspector stated that the document did not accurately reflect the guidance given by the RQIA regarding the determination of staffing levels in nursing homes. The home management should refer to the "Staffing Guidance for Nursing Homes June 2009" for further information.

This guidance document illustrates a basic ratio calculation which is only part of the determination of staffing requirements. The following points must also be considered when staffing levels are being determined:

- The dependency levels of patients.
- the role of the registered manager
- competencies and experience of staff
- the layout of the home and accessibility of facilities
- supervised practice and staff training
- workload
- categories of care

The inspector required the home management team to withdraw the document pending its revision.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with the acting manager Suzanne Scott and Southern Cross Quality Inspector Mrs Mary Stevenson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Linda Thompson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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**Linda Thompson**  
Inspector/Quality Reviewer

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**Date**

**QUALITY IMPROVEMENT PLAN**  
**FOLLOW UP UNANNOUNCED INSPECTION**  
**POND PARK NURSING HOME**

**18 October 2010**



The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with Mrs. Mary Stevenson, quality inspector and Mrs. Suzanne Scott acting manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

- **Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005 and must be met.**
- **Recommendations are statements based on the Nursing Homes Minimum Standards (2008), research or recognised sources which if adopted by the Registered Person may enhance service quality and delivery.**

It is the responsibility of the Registered Provider/Manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**STATUTORY REQUIREMENTS**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Regulation 20 (1)(c)	<p>The registered provider must ensure that staff receive :</p> <ul style="list-style-type: none"><li>• Mandatory First Aid training with regular updates as required.</li><li>• Refresher training on the use of MUST</li></ul> <p><b>Ref. section 5</b></p>	One	<ul style="list-style-type: none"><li>• MUST Training being delivered by Nuhca Rep.</li><li>• Refresher MUST training planned for 8<sup>th</sup> Dec. to all managers to Cascade to all homes.</li></ul>	Within one month
2	Regulation 19 (3)(a)	<p>The home manager must ensure that the patient records identified in the report are updated to reflect all aspects of daily care provision. The following issues should be clearly recorded in the records:</p> <ul style="list-style-type: none"><li>• Fluid and food intake records should be maintained to reflect a comprehensive and detailed overview of dietary intake.</li><li>• Fluid intake should be reconciled to daily records.</li><li>• Reconciliation of bowel function should be recorded in daily records.</li><li>• Care plan records should be updated to reflect commencement and discontinuation of therapy.</li></ul> <p><b>Ref. section 5</b></p>	Two	<ul style="list-style-type: none"><li>• Records reviewed during managers daily walk rounds.</li><li>• Care file Audits commenced .</li></ul>	Within one month

**RECOMMENDATIONS**

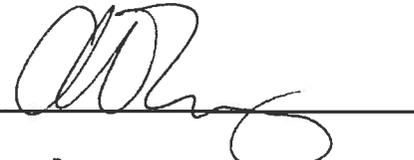
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Standard 5.4	<p>It is recommended that the home manager review the assessment of pain management within the home. This review should ensure that reassessment of the management of patient pain is an ongoing process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</p> <p><b>Ref. section 5</b></p>	Two	<p>• All residents on pain relief to have careplan for pain management accompanied by pain management assessment tool (Abbey)</p>	Within one month
2	Standard 13.1	<p>It is recommended that the registered manager review and develop the documentation to be used in assessing the likes and dislikes and interests of each patient in respect of activities. This should ensure that the programme of activities planned is appropriate to each individuals needs.</p> <p><b>Ref. section 5</b></p>	Two	<p>• New assessment tool being utilized within the home</p>	Within one month

3	Standard 13.9	<p>It is recommended that the registered manager ensures that the name of the person leading the activity is recorded in documentation.</p> <p><b>Ref. section 5</b></p>	Two	<p><i>Activities therapist advised.</i></p>	Within one month
4	Standard 13.10	<p>It is recommended that the registered manager ensure that the programme of activities is reviewed regularly and that it meets patients changing needs.</p> <p><b>Ref. section 5</b></p>	One	<p><i>New plan to be developed on completion of assessment tool.</i></p>	Within one month

The Registered Provider / Manager is required to detail the action taken in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the Registered Provider and Registered Manager and returned to:

The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED:   
 NAME: ANNE BAILEY  
 Registered Provider  
 DATE 30/11/10

SIGNED:  *Service Quality Advisor*  
 NAME: Laven Agnew  
 Registered Manager  
 DATE 17<sup>th</sup> Nov 2010

DATE APPROVED	SIGNATURE OF INSPECTOR
6/12/10	<i>Hinda Thompson</i>