

# Unannounced Care Inspection Report 10 & 11 April 2018



## Owen Mor Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 167 Culmore Road, Londonderry, BT48 8JH**  
**Tel No: 028 7135 3631**  
**Inspector: Michael Lavelle**

[www.rqia.org.uk](http://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 81 persons.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>East Eden Ltd<br><br><b>Responsible Individual:</b><br>Brendan McDonald  | <b>Registered Manager:</b><br>Jane Laird  |
| <b>Person in charge at the time of inspection:</b><br>Jane Laird   | <b>Date manager registered:</b><br>5 June 2015  |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia.<br>MP – Mental disorder excluding learning disability or dementia.<br>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.<br>LD – Learning disability.<br>LD(E) – Learning disability – over 65 years.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | <b>Number of registered places:</b><br>81 comprising: <ul style="list-style-type: none"> <li>• a maximum of 58 patients in category NH-DE</li> <li>• 17 accommodated in the Faughan Unit</li> <li>• 20 accommodated in the Foyle/Roe Unit</li> <li>• 10 accommodated in the Derg Unit</li> <li>• 11 accommodated in the Finn Unit.</li> <li>• a maximum of 10 patients in category NH-PH/PH(E) accommodated in the Mourne Unit.</li> <li>• a maximum of 7 patients in category NH-LD/LD(E) accommodated in the Strule Unit</li> <li>• a maximum of 6 patients in category NH-MP/MP(E) accommodated in the Erne Unit.</li> </ul> |

### 4.0 Inspection summary

An unannounced inspection took place on 10 April 2018 from 10.30 to 18.30 and 11 April 2018 from 09.15 to 16.15.

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 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 staffing, induction, training, supervision and appraisal, adult safeguarding, the home's environment, communication between residents, staff and other key stakeholders,

Areas requiring improvement were identified in relation to staff recruitment, fire safety, infection prevention and control,

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.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 5           | 3         |

Details of the Quality Improvement Plan (QIP) were discussed with Jane Laird, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 2 January 2018

The most recent inspection of the home was an announced variation to registration care inspection undertaken on 2 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of 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 15 patients, 18 staff, and four patients' visitors/representatives. 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.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 2 and 9 April 2018
- 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
- two staff recruitment and induction file
- nine patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 2 January 2018**

The most recent inspection of the home was an announced variation to registration care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 2 January 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 |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 27<br><br><b>Stated:</b> First time | The registered person shall ensure that the emergency call equipment in the identified bedrooms in both River Erne and River Finn units must be available and in good working order prior to any patient being admitted to these rooms. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of emergency call equipment evidenced this area for improvement as met.   |                          |

## 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 for weeks commencing 2 and 9 April 2018 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels. However, the inspector was unable to validate any staff deficiency on the days of the inspection. The inspector also discussed staff availability with patients and their representatives and a number of positive replies were received, with one patient representative suggesting there should be more staff. In addition, observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

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. A review of two personnel files evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained. However, review of one personnel file evidenced that no work permit was retained in the home. In addition, there was no evidence that the employee had registered with the Northern Ireland Social Care Council (NISCC). This was discussed with the registered manager who obtained a copy of the work permit before the inspection finished and confirmed that the staff member was hoping to register with the Nursing and Midwifery Council (NMC) imminently. This was identified an area for improvement under the care standards.

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.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Continence training was ongoing in the home during the second day of inspection.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, decorated to a high standard, fresh smelling and clean throughout. The exterior of the home was well maintained with lawn mowing and gardening ongoing during the inspection. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

During the review of the home's environment it was observed that a number of patients had airflow mattresses on their beds, to prevent skin breakdown. However, a number of the mattresses checked were not set correctly for the weight of the patient. For example, one mattress was set at a comfort setting of 200kg when the patient weighted less than 50kg. A discussion with staff evidenced that they did not know how to use the equipment and that there was no system in place to monitor the settings of the mattresses. This was discussed with the registered manager and an area for improvement under the regulations was made.

Fire exits and corridors were observed to be clear of clutter although six food trolleys were causing an obstruction of one fire exit in the basement of the building. This was brought to the attention of kitchen staff who arranged for their removal. This was discussed with the registered manager and identified as an area for improvement under the regulations.

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- there was no system in place to ensure hoist slings are laundered
- a fabric chair observed in a staff toilet
- cleaning agents not diluted as per manufacturers guidance
- domestic, kitchen and laundry staff not wearing appropriate personal protective equipment (PPE)
- no availability of hand towels or hand towel holder in an identified sluice
- sluice area not clean
- inappropriate storage noted in the laundry store
- inappropriate storage in an identified sluice

Details were discussed with the manager and 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 staffing, induction, training, supervision and appraisal, adult safeguarding and the home's environment.

### Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, induction, fire safety, monitoring of airflow mattress settings and infection prevention and control.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 3           | 1         |

#### 6.5 Is care effective?

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

Review of nine patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

For the most part care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. For example, care records had been fully updated for one patient following a recent admission to the home. However, examination of two care records evidenced deficits.



Review of the first care record evidenced weight loss of 4.5kg over a five week period. No referral was made to a dietician or no contact made with the patients general practitioner (GP). In addition, the patient had developed a pressure area on 8 April 2018 although no care plan was developed and the dressing had not been changed as directed in the nursing notes.

Review of the second care record evidenced the absence of a care plan for management of an existing health condition. Further to this, concerns had been documented in relation to the patient's ability to swallow. SALT were contacted however, no choking risk assessment had been completed. This was discussed with the registered manager and because of the potential impact on patient's health and well-being an area for improvement under the regulations was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Although personal care records were generally well completed, review of supplementary care charts such as repositioning, food and fluid intake records and bowel charts evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. For example, review of one record where the patient had lost 4.5kg over a five week period evidenced multiple gaps in the recording of food and fluid for up to and including 24 hours. The same record evidenced gaps of up to 10 days in the recording of bowel movements. Examination of repositioning records demonstrated that although one patient had been commenced on two hourly repositioning, this had not been recorded for at least 48 hours. A further record evidenced multiple gaps in recording of breakfast and lunch where a patient had lost 4kg within a week. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Review of nine patient care records evidenced that in general, registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Review of one care record evidenced that on an occasion where the patient had sustained a head injury neurological observations were not recorded for the first four hours post fall. Review of a second care record confirmed that although a post falls risk assessment was completed, no neurological observations were taken and the next of kin had not been informed of the fall. This was discussed with the registered manager and an area for improvement under the regulations was made.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including GP, SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on at least three monthly basis and records were maintained. Staff confirmed that staff meeting were held every few months and that the minutes were made available.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that patient meetings were held on a monthly basis and relatives meeting were held on an annual basis. Minutes were available. The registered manager confirmed that relatives frequently attend patients meetings although no record was retained of those in attendance. The registered manager agreed to review this.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. The majority of patients and representatives were aware of who their named nurse was and knew the registered manager. One relative indicated they did not know the registered manager. This was discussed with the registered manager who knew the relative and went to speak to them following feedback.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### Areas for improvement

The following areas were identified for improvement in relation to care records, supplementary care records and post fall management.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 1         |

#### 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.**

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed there was a patient activities co-ordinator in the home responsible for the provision of activities. Walls within the home exhibited arts and crafts patients had made including a seasonal spring display with sheep, flowers and butterflies in the foyer of the main entrance. Notice boards displayed some planned activities including reminiscing, story books, off site activities, pampering, foot spa and room visits.

Discussion with the activities co-ordinator evidenced a varied programme planned to meet the individual needs of the patient's, including arrangements to meet patients' religious and spiritual needs within the home. Buns that the patients made were available during the inspection and patients, staff and visitors appeared to enjoy singing during the afternoon of the first day of inspection. Seasonal activities have also been planned for Spring including potting plants. Walls of the home were adorned with photographs of patient's and patient's bedrooms were highly personalised. Although the activity planner was varied and met the patients' needs it was not displayed in a suitable format. This was discussed with the activities co-ordinator and registered manager who agreed to review the format of the planned activities.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were readily available. Lunch consisted of a choice of two main courses and dessert; it reflected the planned meal as identified in the weekly menu planner. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal. Care assistants were observed assisting six patients with their lunch at 11.50 on the first day of inspection despite breakfast finishing at approximately 09.30. This was discussed with the care assistants who stated they would assist the patients who required assistance first then serve lunch to the other patients afterwards. In addition, no menu was available for patients during or prior to lunch. This was discussed with the care assistants who stated patients would request their lunch the evening before. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There were suggestion boxes available throughout the home. The registered manager confirmed that these are collated every two months and the issues are addressed during patient and staff meetings. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

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

18 staff members were consulted to determine their views on the quality of care in Owen Mor Care Centre. A poster was given to the nurse in charge to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some comments received were as follows:

“It can be busy at times.”

“I like it here. I know the patients down to a T.”

“I like to have the time to do the patients nails and hair.”

“I absolutely love it.”

15 patients consulted were very complimentary and some commented as follows:

“Lunch is good.”

“It’s tidy and quite clean. Meals are quite tasty.”

“I’m happy here. No problems.”

“They’re good here.”

Ten patient questionnaires and ten relative questionnaires were left in the home for completion. Three of the patient questionnaires and three of the relative’s questionnaires were returned. An additional three did not indicate who had completed them. All but one questionnaire was highly complementary in their views of the home. Some of the comments received were as follows:

“The staff are very kind and helpful.”

“I feel that sometimes care levels are good but definitely staff levels are not sufficient. Not enough continuity with staff. Big change over of staff.”

“Happy with the care my mother gets.”

“Not kept up to date about changes taking place.”

“Very happy with everything.”

Four relatives were consulted during the inspection and a number of thank you cards were read. Some of their comments were as follows:

“Thank you for all the care, love and attention that each of you have given to our relative.”

“Thank you all for looking after my relative so well.”

“I worry about the carer’s. They are asked too much. Staff are polite and friendly; they do their best.”

“The staff are great.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### **Areas of good practice**

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

## Areas for improvement

An area for improvement was identified in relation to mealtimes and menus.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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 their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

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

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

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Staff were also knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to continence, catering, medicines, activities, wound management, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 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 Jane Laird, registered manager, 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A meeting was held on the 04/05/18 with Staff nurses regarding the correct use of the pressure relieving pump to ensure that the setting reflects the weight of the patient. This has been actioned and the patients care plan also states the setting that the pump is set at.</p>  |
| <p><b>Area for improvement 2</b></p> <p>Ref: Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>In the event of a fire there is a clear means of escape and staff are trained in relation to same. There are notices up within the home instructing visitors of the action to take in the event of a fire. The kitchen staff have been educated regarding the importance of keeping all fire exit doors clear regardless of the fact that they are located in a non patient area.</p>   |
| <p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>     | <p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A schedule has been implemented to ensure that hoist slings are laundered once a week.<br/>The fabric chair that was located within the staff shower room was removed on the day of the inspection and staff were educated regarding same.<br/>A new dosing system was implemented for one of the cleaning products to ensure that the housekeepers are using the correct amount of chemicals.<br/>Domestic staff have been instructed to wear an apron when cleaning en-suite/bathroom areas and to replace same after each room.<br/>Kitchen staff have been instructed to wear either a clean cloth apron or a disposable apron when coming from the kitchen to serve meals</p> |



|  |   |
|--|---|
|  | <p>on the unit.</p> <p>The hand towel dispenser and paper towels were installed within the sluice room on the day of the inspection.</p> <p>Boxes/baskets that were positioned on the floor under the shelving in the laundry store have been taken off the floor and placed onto the shelf.</p> <p>Items that should not have been in the sluice room were removed immediately and staff educated regarding same.</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Care plans are reviewed on a monthly basis or more often if needed. A meeting with all staff nurses was held on the 04/05/18 to discuss the importance of timely referrals to other health care professionals i.e SALT, TVN, Dietician etc and that clear documentation to reflect their actions is required.</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>     | <p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Staff nurses have been reminded of the importance of obtaining neurological observations on patients who have sustained a head injury and also for patients who have had an unwitnessed fall. An audit is carried out on all falls by the manager to ensure that all relevant actions have been taken.</p>  |
| <p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b></p>   |   |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>               | <p>The registered person shall ensure all staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>Copies of work permits should be retained in the home and available for inspection.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A copy of the work permits for three of the over sea nurses is within their employment folder. They have also applied for their NISCC whilst awaiting their NMC PIN number. All other staff employed by the home have been employed in accordance with the relevant statutory employment legislation.</p> |

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| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that supplementary care records; for example repositioning records, food and fluid charts and bowel charts reflect the delivery of prescribed care accurately.</p> <p>Ref: Section 6.5</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>10 May 2018</p>            | <p><b>Response by registered person detailing the actions taken:</b><br/>Staff nurses check that the care assistants are recording the relevant information about the patients in their care throughout the day within their allocated unit.</p> <p>The registered person shall ensure that mealtimes are adhered to and consideration is given to the time of the midday meal, menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The kitchen staff have been educated regarding the lunch time meal time of 12:15hr and that lunch must not be served before this time unless requested by the patient. Staff nurses and care assistants have also been informed regarding same.<br/>Menus have been reviewed and are now displayed within each unit pictorially.</p> |

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



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