

# Unannounced Care Inspection Report

## 4 July 2016



## Abbey View

**Type of Service: Nursing Home**  
**Address: 48 Newtownards Road, Bangor, BT20 4BP**  
**Tel No: 028 9146 9644**  
**Inspector: Linda Thompson**

## 1.0 Summary

An unannounced inspection of Abbey View took place on 4 July 2016 from 08:30 to 15:00 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of patients were met. A review of the staffing rota evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Patients and relatives spoken with confirmed that they were assured and confident of the staffs' ability to care for their loved ones and that they 'trusted' staff to do the right thing.

One area for improvement was identified in regard to the notifications in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. The home should inform RQIA when a patient sustains a serious injury such as a head injury. Refer to section 4.3 for details.

A requirement has been stated in this regard.

### Is care effective?

Relatives spoken with stated they had confidence in the staff to deliver the right care at the right time to ensure the best possible outcome for their loved one. Refer to section 4.4 for details.

Staff stated that there was 'effective teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were very content working in the home and felt that they were able to deliver quality care to patients. Each staff member understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted, clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

One recommendation is stated in respect of the provision and records of staff meetings.

**Is care compassionate?**

All patients and relatives spoken with commented positively regarding the care they received and the staffs caring and kind 'nothing is any trouble' attitude from everyone. It was evident that good relationships had been developed and that there was a high level of confidence in the staffs' ability to deliver care and to address concerns effectively.

Two recommendations are stated in respect of the management and laundry of net pants and the provision of residents/relatives meetings.

**Is the service well led?**

A number of quality assurance processes such as 'the patient of the day' used for care records review/update purposes, a comprehensive computerised handover report used to update staff for each shift change, and various audit tools have been evidenced to be in use. Staff incentives schemes are ongoing and have generated positive staff morale in the home. The manager and deputy manager are commended for these improvements. There are however, a number of improvements to be made in regard to the recording of complaints, the management of staff meetings, the management of patient and relatives meetings and a number of general governance issues.

A recommendation is stated in respect of the management of complaints.

A recommendation is stated in respect of the development of robust daily governance systems.

A recommendation is stated to ensure that the mildew/mould is removed in the identified bathroom and that the damp malodour is appropriately actioned.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

**1.1 Inspection outcome**

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 6               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather Spence, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicine management inspection. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the last inspection.

## 2.0 Service details

|   |  |
|---|--|
| <b>Registered organisation/registered provider:</b><br>Maria Mallaband Ltd<br>Victoria Craddock | <b>Registered manager:</b><br>Heather Spence       |
| <b>Person in charge of the home at the time of inspection:</b><br>Heather Spence                | <b>Date manager registered:</b><br>19 January 2015 |
| <b>Categories of care:</b><br>NH-I, NH-PH, NH-PH(E), NH-TI                                      | <b>Number of registered places:</b><br>25          |

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with 15 patients individually and greeted others in small groups, four care staff, two registered nurses, one catering staff, one member of staff from housekeeping, six relatives, the administrator, the maintenance person and one visiting professional.

In addition questionnaires were provided for distribution by the registered manager; ten for staff off duty at the time of the inspection, and five relatives; five staff and two relatives questionnaires were returned. Refer to section 4.5 for details.

The following information was examined during the inspection:

- three patient care records
- staff roster 13th June – 10<sup>th</sup> July 2016
- staff training and planner/matrix for 2015 and 2016
- two staff recruitment records
- complaints record
- incident and accident records
- record of quality monitoring visits carried out in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit/governance
- records pertaining to consultation with staff, patients and relatives
- management records for urgent communications and safety alert bulletins

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 1 July 2016

The most recent inspection of the home was an unannounced medicines management inspection. The QIP generated from this inspection is not yet issued; however when completed and returned by the registered person it will be reviewed and approved as appropriate by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 29 July 2015

| Last care inspection statutory requirements  |   | Validation of compliance |
|--|---|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 20 (3)<br><br><b>Stated:</b> First time | A competency and capability assessment must be completed with any nurse who is given the responsibility of being in charge of the home for any period in the absence of the manager.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed from review of two completed assessment documents that a competency and capability assessment is completed for any registered nurse who has responsibility for the home in the absence of the registered manager. |                          |

| Last care inspection recommendations  |   | Validation of compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 19<br><br><b>Stated:</b> First time | A communication policy should be developed in accordance with current regional guidelines and the content shared with staff.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The communication policy was examined and is maintained in accordance with regional guidelines. Staff are aware of the communication policy.   |                          |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 32<br><br><b>Stated:</b> First time | A recommendation has been made that the palliative and end of life policy is updated to include the current GAIN guidelines on palliative and end of life care (2013) and the content shared with staff.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The palliative and end of life policy was examined as part of the inspection process. The policy document included the current GAIN guidelines on palliative and end of life care.<br><br>Staff are aware of this policy document. |                          |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 46<br><br><b>Stated:</b> First time | In accordance with best practice in infection prevention and control the following issues should be addressed: <ul style="list-style-type: none"> <li>• Bin liners stored in bathrooms</li> <li>• Broken pedal on specified clinical waste bin</li> </ul>                                     | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>It was confirmed on inspection that bin liners are not stored in bathrooms and that the pedal bins in use are all in working order.  |                          |

#### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subjected to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 13 June to 10 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives/relatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. New staff were supported through their induction by a dedicated mentor. Review of one staff member's induction evidenced the record to be completed in full and signed/dated appropriately.

Review of the training planner/matrix for 2015 and 2016 indicated that training was planned to ensure that mandatory training requirements were met. Staff confirmed that they were required to complete mandatory training through the 'e-learning' portal and by attending 'face to face' training. The records reviewed confirmed that 100% of staff were currently up to date with mandatory training requirements; this was commended by the inspector. Compliance with training requirements is reported by the registered manager to be monitored on a regular basis.

Observation of the delivery of care evidenced that training had been embedded into practice and staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities in general and specifically in relation to adult safeguarding.

Staff described their role and responsibilities with enthusiasm and said that they were enabled to 'make a difference.' Patients and relatives spoken with confirmed that they were assured and confident of the staffs' ability to care for their loved ones and that they 'trusted' staff to always do the right thing.

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). Safety and medical alerts were reviewed on a regular basis and relevant notices were 'actioned' and/or disseminated to staff as required.

Review of three 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.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2015 were examined and identified deficits specifically in respect of the notification of serious injuries, specifically head injuries, as required in accordance with, Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. An analysis of accidents which occurred in January 2016 indicated that a number of head injuries had not been referred for immediate medical advice as part of the actions to be taken nor had they been notified to RQIA as required. This matter was discussed in depth with the registered and deputy manager and a requirement is stated to drive improvements and minimise risks.

Audits of falls and incidents were maintained and clearly evidenced analysis of the data to identify any emerging patterns or trends and action plans were in place as required. This information also informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.



A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and generally clean throughout. One identified assisted bathroom evidenced a damp odour and some mould was evidenced on the shower wall panelling. The registered manager advised that this room was under consideration for refurbishment. A recommendation is stated under section 4.6.

Concerns were raised regarding the management of infection prevention and control in respect of bathroom equipment, storage of personal protection equipment (PPE), and storage of equipment and reusable net pants. These matters were discussed at length with the registered manager and actions were taken during the inspection to address the deficits identified. A recommendation is stated in section 4.6. A number of new armchairs were delivered to the home during the inspection and patients were observed to be appreciative of this improvement.

Patients, representatives and staff spoken with were complimentary in respect of the home's environment and the improvements made to date and those planned for the future.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

The registered manager must ensure that any serious injury such as a head injury is reported to RQIA in accordance with Regulations.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>1</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, records in relation to the management of wounds/pressure ulcers indicated that when a patient was identified as being at risk of developing a pressure ulcer, a care plan was in place to direct staff on the management of this risk. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds.

Care records accurately reflected that 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. Registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A robust process of reviewing care records has been established and the home is evidenced to be reviewing in its entirety one patient care record per day. This system ensures that every patient record is wholly reviewed on a monthly basis plus as required. This process is commended.



There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence of regular communication with representatives within the care records. Relatives confirmed that they were kept informed of any changes in their loved ones' care.

A number of relatives spoken with stated that they 'trusted staff' to care for their loved ones and that 'staff knew their stuff.' Relatives stated they had confidence in the staff to deliver the right care at the right time to ensure the best possible outcome for their loved one.

Supplementary records such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Observations evidenced that call bells were answered promptly and patients requesting assistance in one of the lounge areas or their bedrooms were responded to in a calm, quiet and caring manner. Patients were confident of the ability of staff to meet their need effectively and in a timely manner. For example, patients described staff responses to call bells, 'when I call they answer prompt – if they are with someone else they let me know and say they will come back in a few minutes – they have always kept their word. This is very good in comparison to the hospital.'

Staff confirmed that they were kept informed of changes or concerns regarding patients' needs through the use of written and verbal handover reports at the beginning of their shift. The use of the written report is commended.

The inspection was advised that staff meetings are maintained every 3-4 months however records of the minutes of such meetings were not well maintained and a recommendation is stated that the staff meetings are held at least quarterly in accordance with DHSSPS Care Standards for Nursing Homes 2015.

The only record of staff meetings minutes available for inspection was those from 29 February 2016.

Staff stated that they believed there was 'effective teamwork'; this was evidenced through discussion and observation of interactions throughout the inspection process. Staff stated they were 'proud' to be a part of their team and to 'make a difference'. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, with their colleagues and with other healthcare professionals.

Effective communication with patients and their representatives was evident on a one to one basis as recorded in the care records and through observations of interactions. Patients confirmed that the registered manager was available to them on a daily basis.

There was information available to staff, patients, representatives in relation to advocacy services.

## Areas for improvement

One recommendation is stated in respect of the provision and records of staff meetings.

|                               |          |                                   |          |
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| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>1</b> |
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### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. As stated in section 4.4 patient and relatives were very positive in the comments regarding the staffs' ability to deliver care and respond to needs and or requests for assistance.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients and relatives confirmed that the details known by staff also ensured that staff provided assurance and comfort when needed. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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 patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

It was noted during inspection that net pants designed to improve the effectiveness of incontinence pads were provided in the home. The laundry of these items raised concerns as they were not individually labelled and therefore were being laundered communally. It is imperative that the home manage the laundry of these items appropriately to ensure that the net patients are not laundered communally and that the use of this product is solely identified for individual patients. This matter was discussed at length with the registered manager who agreed to review the current process and identify a more suitable laundry solution. A recommendation is stated.

All patients and relatives spoken with commented positively regarding the care they received and the staffs' caring and kind 'nothing is any trouble' attitude from everyone. It was evident good relationships had been developed and that there was a high level of confidence in the staffs' ability to deliver care and to address concerns effectively. Patients spoken with said that staff 'made a difference to their life in the home'. For example, staff knowing what to do when 'something wasn't right' or when staff had conversations and 'bit of craic as an equal'.

As part of the inspection process we sought evidence of patient/relative/representative meetings and discussed how the home ensures that patients are able to voice an opinion in respect of the running of the home. Residents/relatives meetings were reported to be provided regularly with the last meeting being held on 26 November 2015. Records of this meeting however were unavailable for inspection. A recommendation is stated to ensure that records of the minutes of any patient/representative meetings are maintained and available for inspection.

The home participated in an external review called 'Your Care Rating.' This was conducted by a market research company on behalf of the registered provider and covered areas such as quality of food, availability of staff, and overall quality of the environment both internal and external. It was pleasing to note that the patients and their representatives in 2015 had in general rated the provision of service in Abbey View highly. Actions to address any deficits identified were being taken by the registered manager.

It was evident that the home provided a varied and comprehensive programme of activities which was considerate of various levels of participation. Patients and relatives spoke highly in relation to the activity therapist and confirmed that they were looking forward to the summer outings. One relative did raise concerns regarding the lack of an outside garden area where patients and their representatives could sit in the sun. This matter was discussed with the registered manager and we were advised that this matter is already under review. Details of the activity programme were provided by the registered manager

In addition to speaking with patients, relatives and staff, RQIA provided a number of questionnaires for completion post inspection. At the time of writing this report two relatives and five staff had returned their questionnaires within the required time frame.

Comments and outcomes were as follows:

Relatives: respondents indicated that they found the home provided 'excellent' care. . Comments recorded included, 'Staff are always compassionate, courteous and polite.'

Staff: respondents indicated that they found the home provided excellent care. Comments recorded included, 'All ideas from staff are welcomed and discussed if suitable,' 'Sometimes we can be short staffed if someone phones in sick.'

Records of compliments received by the home were examined. A number of very positive comments received are detailed below:

'Thank you for looking after ... so well. Your kindness was very much appreciated.'  
 'I just needed to say a huge thank you to you all for the love, care and compassion you have shown to ... over the last number of years.'  
 'Thank you so much for all your care, attention and friendliness. My ...has had the best of treatment and care from a highly professional staff.'  
 'Thanks again to a brilliant bunch of people.'

### Areas for improvement

A recommendation is stated in regard to patient / representative meetings and the availability of appropriate records.

A recommendation is stated in regard to the use and laundry of re-useable net pants.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>2</b> |
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#### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff confidently described their role and responsibility in the home. Patients who spoke with the inspector were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

Patients and relatives spoke in very positive terms in relation to the registered manager and their confidence in her leadership skills. Discussions with staff confirmed that there were good working relationships in the home and that management were generally responsive to any suggestions or concerns raised.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were not recorded in accordance with DHSSPS Care Standards for Nursing Homes 2015.

There was evidence of only one complaint being recorded in the past year and whilst we were informed that this complaint was reported to have been investigated and resolved, there was poor management of records to support this claim. The identification and management of complaints was discussed at length with the registered manager and a recommendation is stated to ensure that any area of dissatisfaction is recorded as a complaint, appropriately referred if required, investigated and recorded.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would address any concern raised by them appropriately.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function.

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 falls, care records, infection prevention and control, environment, complaints, incidents/accidents.

Whilst audits were completed, there were some deficits identified during the inspection in respect of the management of communal bathrooms/sluice areas and laundry storage. These areas evidenced that the infection prevention and controls required were not fully embedded into practice.

A recommendation is stated to ensure that the registered manager develops a robust system of daily governance to ensure that the principle of infection prevention and control are appropriately adhered to.

Review of reports and discussion with the registered manager 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.

There was an effective system in place to ensure nursing staff were registered with the nursing and Midwifery Council; and that care staff were registered with the Northern Ireland Social Care Council (NISCC). New care staff not registered with NISCC were required and supported to register.

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

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

### Areas for improvement

A recommendation is stated to ensure that any area of dissatisfaction is recorded as a complaint, appropriately referred if required, investigated and recorded.

A recommendation is stated to ensure that the registered manager develops a robust system of daily governance to ensure that the principles of infection prevention and control are appropriately adhered to.

A recommendation is stated to ensure that the mildew/mould is removed in the identified bathroom and that the damp malodour is appropriately actioned.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>3</b> |
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Heather Spence, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 30

**Stated:** First time

**To be completed by:**

From the date of inspection and on going

The registered provider must ensure that any serious injury such as a head injury sustained in the home is notified to RQIA in accordance with the regulation.

Notification must include detail of:

- the immediate first aid actions taken
- who has been notified immediately of the event
- who will be notified within 24 hours of the event
- and any actions taken to prevent reoccurrence

**Ref: section 4.3, 4.6**

**Response by registered provider detailing the actions taken:**

MMCG Accident/Incident and Head Injury Policy includes provision for treating all unwitnessed falls as a potential head injury. The home will ensure that all serious injuries moving forward are notified to RQIA as per Reporting Requirements- Appendix 2 reporting Grid.

### Recommendations

#### Recommendation 1

**Ref:** Standard 35

**Stated:** First time

**To be completed by:**

31 July 2016

The registered persons must establish an effective daily governance process which ensures that:

- bathrooms are appropriately maintained to minimise the risk of breaches in infection prevention and control
- products are stored off the floor in laundry rooms
- sluice areas are maintained clutter free

**Ref: section 4.3, 4.6**

**Response by registered provider detailing the actions taken:**

Staff have been told to be extra vigilant when storing laundry and making sure that all ppi are stored in the drawers provided. The manager does a daily walk around to ensure this is happening and can evidence this on company documentation along with relevant actions plans with time scales applied where required.



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| <p><b>Recommendation 2</b></p> <p><b>Ref: Standard 44</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b><br/>31 August 2016</p>   | <p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> <li>the mildew/mould is removed in the identified bathroom and that the damp malodour is appropriately actioned</li> <li>bathroom facilities must be maintained clean and odour free at all times</li> </ul> <p><b>Ref: section 4.3, 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b><br/>This has already been discussed with regional director and quotes have been obtained to remedy situation as evidenced within the regulation 29 report</p>   |
| <p><b>Recommendation 3</b></p> <p><b>Ref: Standard 6</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b><br/>31 July 2016</p>      | <p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> <li>reusable net pants are used solely for individual patient use</li> <li>an appropriate laundry system must be established</li> </ul> <p><b>Ref: section 4.3, 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b><br/>knew net bags have been ordered and allocated to each room to allow each resident to have their own and not to be sharing . There is one spare for when one bag is away to be laundered.</p>   |
| <p><b>Recommendation 4</b></p> <p><b>Ref: Standard 7</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b><br/>30 September 2016</p> | <p>The registered persons must ensure that patient's views, feelings and wishes regarding the day to day running of the home are sought and that evidence of this communication is maintained and available for inspection.</p> <p>Residents/relatives meetings should be maintained and minutes generated and made available for inspection.</p> <p><b>Ref: section 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b><br/>There is a schedule for meetings which is laminated in reception area to invite all residents and relatives to attend on dates provided. Minutes will be made available.</p> |

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| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>31 July 2016</p>   | <p>The registered provider must ensure that any issue of dissatisfaction with service delivery is recognised as a complaint, appropriately referred if required, investigated and the outcome recorded.</p> <p><b>Ref: section 4.6</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>All complaints, both verbal and written are logged in the folder within the managers office. These are reported through to the RD along with actions and outcomes each month and also kept track of within the regulation 29 report.</p> |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First Time</p> <p><b>To be completed by:</b><br/>31 August 2016</p> | <p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> <li>• staff meetings are held on at least a quarterly basis in accordance with DHSSPS Care Standards for Nursing Homes 2015.</li> <li>• minutes of staff meetings must be retained</li> </ul> <p><b>Ref: section 4.4</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b><br/>Staff meetings are scheduled until the end of the year in the staff room and minutes are available within a designated folder in the managers office</p>            |

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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