

Unannounced Care Inspection Report 23 August 2017



Abbey View

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

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 and residential care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Maria Mallaband Ltd Responsible Individual(s): Ms Victoria Craddock	Registered Manager: See below
Person in charge at the time of inspection: Ms Lyn Block- Peripatetic Manager for Maria Mallaband Ltd	Date manager registered: Ms Lyn Block - acting, no application required
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 25 comprising: 1 – RC-I, for 1 identified person only 24 – NH-I, NH-PH, NH-PH(E) and NH-TI

4.0 Inspection summary

An unannounced inspection took place on 23 August 2017 from 09.55 to 15.55 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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 all four domains in relation to staffing, including the recruitment, induction, and training of staff, adult safeguarding, risk management and the home's environment. Patients spoken with stated that they were treated with, dignity and respect and were afforded privacy when required. Of particular note was effort made to create a homely and comfortable environment.

Areas requiring improvement were identified, such as environmental issues, infection prevention and control practices, staffing, addressing issues identified in the auditing of care records, improving communication with staff, patients and patient's representatives and ensuring all personal hygiene needs are fully met. One area for improvement has not been met and has been included in an action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.

Patients said

“Staff look after me well.”

“The home is lovely. But I would prefer to be at home”

“Staff are friendly and caring.”

“I am looking forward to going out for lunch.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patient’s questionnaires indicated a number of areas for improvement.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Lyn Block, 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 4 July 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 July 2017. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI’s), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, three patients' visitors/representatives and five staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- duty rota for all staff from 4 August 2017 to 27 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff meetings
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- staff 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 4 July 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	<p>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.</p> <p>Notification must include detail of:</p> <ul style="list-style-type: none"> • 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 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that any actual or potential head injury was identified as a notifiable event and that RQIA were advised accordingly. Notifications have included detail of:</p> <ul style="list-style-type: none"> • 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 • <p>A protocol was available outlining the steps to take in the event of an actual or potential head injury occurring</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	<p>The registered persons must establish an effective daily governance process which ensures that:</p> <ul style="list-style-type: none"> • 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 	Met
	<p>Action taken as confirmed during the inspection: The inspection confirmed that an effective daily governance process had been established to ensure that:</p> <ul style="list-style-type: none"> • 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 	
Area for improvement 2 Ref: Standard 44 Stated: First time	<p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> • the mildew/mould is removed in the identified bathroom and that the damp malodour is appropriately actioned • bathroom facilities must be maintained clean and odour free at all times 	Not met
	<p>Action taken as confirmed during the inspection: The inspection evidenced that:</p> <ul style="list-style-type: none"> • the mildew/mould was not removed in the identified bathroom and that the damp malodour was still present • identified bathroom facilities were not maintained clean and odour free at all times <p>This area for improvement has not been met and has been included in an action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> • reusable net pants are used solely for individual patient use • an appropriate laundry system must be established 	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that:</p> <ul style="list-style-type: none"> • reusable net pants are used solely for individual patient use • an appropriate laundry system has been established 		
<p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that relatives/residents meetings are held every three months. Records of these meetings were generated and made available for inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</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>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that staff are aware that any issue of dissatisfaction with service delivery is recognised as a complaint, appropriately referred if required, investigated and the outcome recorded.</p>		

Area for improvement 6 Ref: Standard 41 Stated: First Time	The registered persons must ensure that: <ul style="list-style-type: none"> • staff meetings are held on at least a quarterly basis in accordance with DHSSPS Care Standards for Nursing Homes 2015. • minutes of staff meetings must be retained 	Met
	Action taken as confirmed during the inspection: The inspection confirmed that monthly staff meetings had been held. Records of these meetings evidenced that date of the meeting, names of all attending, minutes of discussions and any actions agreed were recorded and disseminated to staff.	

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 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 7, 14 and 21 August 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients, and staff evidenced that there were no concerns regarding staffing levels. However, some staff, patients, and patient representative questionnaires returned indicated in their opinion staffing levels could be improved (responses to questionnaires are noted in section 6.6). As a result of the responses reviewed in the questionnaires the manager should review staffing levels to ensure patients' needs are being fully met. This was identified as an area for improvement.

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

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Review of records and discussion with staff and evidenced that regular staff supervision and appraisals are undertaken. Competency and capability assessments for nursing staff were up to date.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the 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.

Discussion with the 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). A record of staff employed in the home as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005 was available for inspection.

The 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 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 three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Generally there was evidence that risk assessments informed the care planning process. However the inspection confirmed that in two care records preventative care plans had not been devised. In one care record a patient had been identified and assessed as at risk of pressure damage, a documented pressure damage prevention and treatment programme had not been drawn up and agreed with relevant professionals and entered into the patients care plan. In the other care record a patient had been identified as at risk of falls a documented prevention and treatment programme had not been drawn up and entered into the patients care plan. This was identified as an area for improvement.

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 room, clinical and storage areas. The home was generally found to be warm, well decorated, fresh smelling and clean throughout. A number of areas were identified for improvement in regards to the environment of the home and infection prevention and control. A number of bedrooms would need to be repainted particularly the bedroom identified to the manager. This bedroom also requires the flooring to be replaced as the surface was torn or missing in places. One patient representative questionnaires returned indicated in their opinion some bedrooms required repainting. The carpet on the back stairs requires cleaning. These were identified as areas for improvement.

The inspection evidenced mildew/mould in an identified bathroom and that the damp malodour was present. The identified bathroom was not maintained clean and odour free at all times. At the previous care inspection this was identified as an area for improvement. This area for improvement has not been met and has been included in an action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005. The décor of the identified bathroom is old and there are parts which can no longer be effectively cleaned, the sealant around the floor at the toilet has been repaired with a glue like substance which compromises the cleaning process. This identified bathroom requires to be refurbished. This has been identified as an area for improvement.

The clinical room was generally clutter free, however , at the sink, there were two plastic cups with used syringes and the formica edging of the clinical worktop was missing in places. A member of staff identified to the manager was observed disposing of personal protective equipment (PPE), the member of staff did not wash their hands on removal of PPE. Infection prevention and control was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home’s environment in relation the general welcoming atmosphere.

Areas for improvement

Areas for improvement in relation to regulations were identified in relation to, infection prevention and control practices and the environment relating to, reusing single use items, handwashing and the refurbishment of an identified bathroom and bedroom.

Areas for improvement in relation to the standards were identified in relation to the environment, developing documented prevention and treatment programme for patients at risk of falls or at risk of developing pressure damage. Staffing levels should be reviewed.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and generally reviewed as required. In most instances there was evidence that risk assessments informed the care planning process. These were identified as areas for improvement in section 6.4.

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.

Supplementary care charts such as repositioning, and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. 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 General Practitioner's (GP), SALT, dietician, 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 manager confirmed that staff meetings were held on a three monthly basis and records were maintained. 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 manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the manager and review of records evidenced that patient and/or relatives meetings were held on a three monthly basis. Minutes were available. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork, morale and communication between patients, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were generally afforded choice, privacy, dignity and respect. All patients were well dressed; particularly those who were going out for lunch however it was observed that one of these patients had unclean nails.

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. 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.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining room and patients were offered a good choice of lunch including two choices of both main meal and desserts. A choice was also available for those on therapeutic diets and if patients wanted something different from the displayed menu.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. However, some staff, patients, and patient representative questionnaires returned indicated in their opinion there were areas that could be improved (responses to questionnaires are noted below). As a result of the responses reviewed in the questionnaires the manager should include meet with staff, patients, and patient representatives to discuss the issues that were raised. A record of these meetings should be retained for inspection.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Abbey View Nursing Home was good.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and their representatives (ten). Four patients, three patient's representative and three staff completed and returned questionnaires.

The questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. However patients, patient's representatives and staff replied no to some questions noted below:

All three members of staff replied no to "Are there sufficient staff to meet the needs of the patients?" One member of staff did not answer the question on safeguarding and one member of staff replied no to "Have you had the necessary training to enable you to undertake your role?"

Two patients replied 'no' to "Do you know the manager?" One of these patients replied no to "Are you treated with dignity or respect or involved in decisions regarding their care."

One relative replied no to the following questions:

- "Are there sufficient staff to meet the needs of the patients?"
- "Is the home generally clean and fresh smelling?"

Two relatives replied no to the following questions:

- "Does your relative get the right care, at the right time and with the best outcome for them?"
- "Is the manager approachable?"

The following comments were received.

Patient comments:

- "Sometimes have to wait for needs to be met, not staff fault."
- "Could do with more staff."

Representatives' comments:

- "Due to staff shortages we feel that at times staff cannot spend adequate time with mum. They are often running behind. Floors are not as clean as they could be, again due to staff shortages cleaning seems to be put in the background. Also rooms at the home would need painted."
- "Due to staff shortages mum's needs are not met to her standards. Those staff on try their best ,but it is noticeable when they are short staffed."
- "I haven't met manager yet."
- "The manager has changed. There is a temporary manager but although I am in the home virtually every day I have not met the manager. However I have not requested a meeting and if I did I am sure this would happen."
- "The staff try hard but they have a lot to do in caring for the residents and cannot always be available when buzzed."
- "There is always pressure of time and staff are not always able to toilet when asked and there can be a wait of time up to half an hour."
- "Some of the staff are exceptional in their compassionate care. There is a general effort made to create a homely and comfortable environment."

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.

Some comments were made by patients during the inspection are detailed below:

Patient comments included:

- "Staff look after me well."
- "The home is lovely. But I would prefer to be at home."
- "Staff are friendly and caring."
- "I am looking forward to going out for lunch."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and creating a homely and comfortable environment. Those patients spoken with felt they were treated with dignity and privacy, listened to and valued. Of particular note was the patient's excitement about going out for lunch.

Areas for improvement

Areas for improvement were identified in relation to attention to personal care and improved communication with staff, patients and patient's representatives to review and discuss the issues raised in the returned questionnaires.

	Regulations	Standards
Total number of areas for improvement	0	2

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 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. However the results of the returned patient and their representative questionnaires would suggest that the manager should ensure that they are known to all patients and patient representatives. (section 6.6).

There is no registered manager at present. A temporary peripatetic manager from Maria Mallaband Ltd has been put in place until a registered manager has been appointed. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager and review of records and observation evidenced that the home was operating within its registered categories of care. The manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis.

Discussion with the 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/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the 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 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, and the environment. However from the records reviewed only the audit on falls had been analysed and appropriate actions taken to address any shortfalls identified. Some of the audits on care records did have action plans attached a review of these noted that there recurring issues in all which were not being addressed by staff or the necessary improvements embedded into practice. This was identified as an area for improvement.

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.

Discussion with the manager and review of records evidenced that Regulation 29 (or monthly quality) 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.

Discussions with staff confirmed that there were good working relationships and that management were generally responsive to any suggestions or concerns raised.

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 maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to ensuring the appropriate action is taken to address recurring issues identified in care records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Lyn Block, Peripatetic 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>The registered person shall ensure that infection prevention and control practices in relation to reusing single use items, and hand washing by staff are improved.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Infection control audit undertaken carried out and actions taken. Direct Observation Competency assessments of sample of staff, and discussed in supervision sessions.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2017</p>	<p>The registered persons shall refurbish the identified bathroom and bedroom.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Quotes will be obtained for refurbishment Bedroom flooring to be replaced and painting to be completed.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>The registered person shall review staffing levels to ensure patients' needs are being fully met</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Staffing levels are based on occupancy. Dependency of new admissions assessed and staffing levels reviewed. Any short or long term staff absence is covered by bank staff or agency.</p>
<p>Area for improvement 2</p> <p>Ref: Standards 22 and 23</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>The registered provider shall ensure that where a patient is assessed as at risk of pressure damage or falls, a documented prevention and treatment programme is drawn up and agreed with relevant professionals and entered into the patients care plan.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Braden scale risk assessment and relevant care prevention plan in place for each person, and will be assessed and evaluated monthly. Falls risk assessment and corresponding plan in place for every person and evaluated monthly.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2017</p>	<p>The registered person shall identify and repaint bedrooms as required; and the carpet on the back stairs should be cleaned.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Quotes for stairs to be obtained, bedrooms to be repainted as part of the refurbishment.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2017</p>	<p>The registered person shall ensure attention to personal care is undertaken at all times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Personal care will be discussed in staff supervisions and monitored on a day-to-day basis by the manager.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>The registered person shall improve communication with staff, patients and patient's representatives to review and discuss the issues raised in the returned questionnaires</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Meet the Manager meeting taken place, additional relatives meeting to be held in October. Manager operates an open door policy.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>The registered person shall ensure that the results of care records audit activity is fully analysed to ensure that appropriate actions are taken to address any recurring shortfalls and ensure that any necessary improvements are embedded into practice.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: All audits will have action time scales attached and be revisited to ensure completion.</p>

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



The Regulation and Quality Improvement Authority

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