



# Unannounced Care Inspection Report 9 & 10 May 2018



## Abingdon Manor Care Centre

Type of Service: Nursing (NH)  
Address: 949 Crumlin Road, Belfast, BT14 8FG.  
Tel No: 02890717878  
Inspector: James Laverty

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 60 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Abingdon Manor Care Centre Ltd  <b>Responsible Individual:</b> Colin Nimmon	<b>Registered Manager:</b> Julie McGlinchey
<b>Person in charge at the time of inspection:</b> Julie McGlinchey	<b>Date manager registered:</b> 23 June 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 60 consisting of NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI  20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites. 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. 19 patients in category NH-LD, NH-LD(E) to be accommodated in the Tyrone & Fermanagh Suites. 10 patients in category NH-DE to be accommodated in the Armagh Suite. 1 additional named patient in category NH-PH to be temporarily accommodated.

### 4.0 Inspection summary

An unannounced inspection took place on 9 May 2018 from 09.15 to 15.15 hours and 10 May 2018 from 09.00 to 16.00 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 monitoring the professional registration of staff; management of accidents and incidents and communication with the multiprofessional team.

An area for improvement under regulation was identified in relation to wound care.

Areas for improvement under the standards were identified in relation to maintaining patient confidentiality, governance processes focusing on care delivery and quality assurance and staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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>	*1	3

\*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Julie McGlinchey, 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 9 January 2018

The most recent inspection of the home was an announced premises inspection undertaken on 9 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 serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 10 patients, one patients' relative, six staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- five patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- 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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018**

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 27 November 2017

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>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.  Ref: Section 6.2 and 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted some areas in which chemicals had not been stored in compliance with COSHH relations. However, discussion with the registered manager ensured that these were immediately stored securely and it was agreed that the staff responsible for the storage of such items would receive appropriate guidance/supervision in regards to COSHH expectations. No further chemicals/substances were noted to be stored inappropriately throughout the rest of the inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that there is a robust process in place to ensure that the ongoing registration status of nursing staff with the NMC is regularly and effectively audited.  Ref: Section 6.2 and 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of governance records confirmed that a robust process was in place to ensure that the ongoing registration status of nursing staff with the NMC was regularly and effectively audited.	

<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 4 January 2018	The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  Ref: Section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that the IPC deficits identified in the previous care inspection had been satisfactorily met. However, other weaknesses in regards to IPC were noted and are referenced further in section 6.4.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 12 (1) (a)(b), 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 December 2017	The registered persons must ensure the following in relation to patients receiving wound care: <ul style="list-style-type: none"> <li>• that all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team,</li> <li>• that wound care records which are no longer current should either be archived securely or should clearly indicate that they have been superseded by ongoing multiprofessional recommendations</li> </ul> Ref: Section 6.5	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager/nursing staff along with review of care records for one patient requiring ongoing wound care highlighted that this area for improvement was not met. This is discussed in greater detail in section 6.5.  This area for improvement has not been met and has been stated for a second time.	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12, (1) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure the following in relation to patients receiving enteral care:</p> <ul style="list-style-type: none"> <li>• that such patients are positioned correctly in adherence with multidisciplinary advice and best practice guidance,</li> <li>• that enteral feeding care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team,</li> <li>• that such patients are weighed in compliance with recommendations made by the multiprofessional care team.</li> </ul> <p>Ref: Section 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager/nursing staff along with review of care records for one patient requiring ongoing enteral care confirmed that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 January 2018</p>	<p>The registered persons shall ensure that a more robust system of auditing is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, auditing of care records.</p> <p>Ref: Section 6.7</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of governance records confirmed that a more robust system of auditing care records had been implemented in accordance with legislative requirements, minimum standards and current best practice.</p>	<p><b>Met</b></p>



<b>Area for improvement 2</b> <b>Ref:</b> Standard 7 <b>Stated:</b> First time <b>To be completed by:</b> 4 January 2018	The registered persons shall ensure that a more robust system is in place which promotes and supports relationship centred care by facilitating patient and relative/representative engagement on a regular basis.  Ref: Section 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that relative feedback forms were available within the foyer of the home. The registered manager stated that these were responded to individually and used to inform ongoing quality improvements. Governance records confirmed that the most recent relatives' meeting occurred on 21 February 2018.	

### 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 a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 23 April 2018 to 6 May 2018 there was one occasion when planned staffing levels were not fully adhered to due to staff sickness. Discussion with staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. However, discussion with the registered manager/staff and review of governance records did not provide sufficient assurance that staff had received their annual appraisal and/or six monthly supervision in keeping with best practice standards. This was highlighted to the registered manager and an area for improvement under the standards was made.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance 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.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager and staff also demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. It was further noted that there were several communal areas throughout the home which required repainting/refurbishment. The registered manager informed the inspector that a schedule of works to address these environmental weaknesses is due to commence within one month. This will be reviewed during a future care inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training in relation to fire safety was embedded into practice.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with patients' relatives/representatives where appropriate whenever restrictive interventions were required.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one shower chair was stained and in disrepair, unlaminated signage was noted in several suites throughout the home, one notice board and the interior décor of one doorway were torn and in disrepair, one communal bathroom lacked a suitable fitting for the use of toilet paper and one window cill was found to be partially worn. These shortfalls were discussed with the registered manager who ensured that appropriate action was taken to address the majority of these deficits before completion of the inspection. The registered manager further agreed to address the remaining matters as soon as possible and this will be reviewed during a future care inspection.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals/substances. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. Discussion with the registered manager ensured that identified substances

were immediately stored securely and it was agreed that the staff responsible for the storage of such items would receive appropriate guidance/supervision in regards to COSHH expectations. No further chemicals/substances were noted to be stored inappropriately throughout the rest of the inspection.

Observation of the environment further identified one area in which patients' medicines had not been stored securely, specifically, food thickeners and nutritional supplements. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. The registered manager ensured that the identified medicines were stored securely with immediate effect. All medicines were noted to be stored securely throughout the remainder of the inspection.

It was also observed that while interior signage was in place in some areas with regards to the use of oxygen, this was not consistent throughout all areas of the home. It was agreed with the registered manager that appropriate signage alerting patients and/or visitors to the use of oxygen should be displayed in appropriate areas of the home, when necessary. Relevant signage was put in place before conclusion of the inspection and this will be reviewed again during a future care inspection.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to fire safety and managing the professional registration of staff.

**Areas for improvement**

An area for improvement under the standards was highlighted in regards to staff appraisal/supervision.

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

**6.5 Is care effective?**

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

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

Supplementary care charts, specifically, food and fluid intake records, evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care plans and risk assessments were also noted to be reviewed by nursing staff on a regular basis.

Weaknesses were noted in relation to wound care records. Review of care records for one patient requiring ongoing wound care highlighted that several wound care plans were either unclear and/or inaccurate. Although there was clear evidence that nursing staff had ongoing communication with several multiprofessional staff involved in the patient's wound care, their specific recommendations were not clearly referenced within relevant care plans. It was also found that wound care plans/supplementary documentation which was out of date was still available within the care record and therefore potentially confusing. In addition, review of supplementary care records, specifically repositioning records, alongside discussion with nursing/care staff highlighted that the patient's repositioning needs were ineffectively communicated between staff and not being adhered to. These shortfalls were highlighted to the registered manager and an area for improvement under regulation was stated for a second time. It was also noted that learning outcomes which were identified in relation to this patient's ongoing wound care were not communicated to nursing staff as agreed between the Belfast Health and Social Care Trust (BHSC) and the registered manager. Deficits with regards to the auditing of wounds within the home were also found. These weaknesses are discussed further in section 6.7.

Review of care records for one patient requiring enteral feeding confirmed that relevant care plans accurately reflected the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional team. Supplementary records also demonstrated that the patient was weighed on a regular basis in compliance with dietetic advice. Observation of the patient confirmed that they were positioned correctly in adherence with multidisciplinary advice and best practice guidance. It was found however that out of date care plans and multiprofessional advice was still available within the patient's care record. This was highlighted to the registered manager who advised that the introduction of an electronic system for patient records/nursing documentation throughout the home was imminent. It was agreed that this would provide a suitable time to ensure that patients' records were appropriately updated and out of date information removed. This will be reviewed during a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and multidisciplinary collaboration.

### Areas for improvement

An area for improvement under regulation in regards to wound care was stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Staff demonstrated a comprehensive knowledge of patients' wishes, preferences and assessed needs as identified within patients' care plans. While staff who were spoken with demonstrated awareness of the requirements regarding patient information and confidentiality, it was noted that some patient information was inappropriately displayed within the home. This breach of confidentiality was highlighted to the registered manager and an area for improvement under the standards was made.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and at ease in their surroundings and in their interactions with staff.

Discussion with staff evidenced that arrangements were in place to meet patients' religious and/or spiritual needs within the home. Staff expressed confidence that if they raised a concern or query, they would be taken seriously and their concern would be addressed appropriately.

Feedback received from several patients during the inspection included the following comments:

"The staff are marvellous to me."

"I like it here."

"The staff are very kind."

"Lunch was lovely."

Feedback received from staff during the inspection included the following comment:

"Julie ... is very approachable. I'm happy here."

Feedback received from one visiting professional during the inspection included the following comment:

"There's good communication ... they'll help keep me informed ... care delivery is followed through."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, eight completed questionnaires were returned within expected timescales. Questionnaire responses in regards to the four domains referenced within this report, ranged from very unsatisfied to very satisfied. All questionnaire comments received within these questionnaires were shared with the registered manager for further consideration and action, as

required. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

There were systems in place to obtain the views of patients and their representatives relating to the running of the home. Discussion with the registered manager confirmed that relative feedback forms were available within the foyer of the home. The registered manager stated that these were responded to individually and used to inform ongoing quality improvements.

Observation of the lunch time meal within the Antrim suite evidenced that patients were given a choice in regards to the meals being served. The dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Staff were overheard encouraging patients to eat and drink in a compassionate manner and offering alternative meals if necessary. Staff who were assisting patients with their meals also demonstrated a compassionate and person centred approach at all times. Such practice is commended.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communicating with patients and taking account of their views; awareness of and adherence to the dietary requirements and preferences of patients.

**Areas for improvement**

An area for improvement under the standards in relation to patient confidentiality was made.

	<b>Regulations</b>	<b>Standards</b>
<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. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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 evidenced that the home was operating within its registered categories of care.

The home's complaints procedure was clearly displayed and it was also confirmed with the registered manager that any expression of dissatisfaction would be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. The most recent nursing staff meeting was conducted on 29 January 2018. However, review of the minutes for this meeting highlighted that learning outcomes which were identified in relation to one patient requiring ongoing wound care were not communicated to nursing staff as had been agreed with the Belfast Health and Social Care Trust (BHSCT). This was highlighted to the registered manager and it was stressed that such findings must be communicated to all relevant staff in order to promote quality assurance and improve service delivery.

A 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, accidents/incidents, complaints and care records. However, discussion with the registered manager highlighted that there was no governance process in place for auditing the provision of wound care within the home. An area for improvement under the standards was made. Weaknesses with regards to wound care is discussed further in section 6.5.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The registered manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Discussion with the registered manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the selection and recruitment of staff and monthly monitoring visits.

### Areas for improvement

One area for improvement under the standards was made in relation to governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Julie McGlinchey, 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><b>Ref:</b> Regulation 12 (1) (a)(b), 16 (2) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> <li>• that all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team,</li> <li>• that wound care records which are no longer current should either be archived securely or should clearly indicate that they have been superseded by ongoing multiprofessional recommendations/updated care plans, as appropriate.</li> </ul> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> <b>The patient care plans have been reviewed and accurately reflect the prescribed care and treatment. Wound records that are no longer current have been archived.</b></p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust governance process is in place which ensures/demonstrates that all staff undergo annual appraisal/bi-annual supervision meetings in order to promote the delivery of quality care and services.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> <b>The manager will ensure that there is a process in place to demonstrate that staff undertake annual appraisal/bi-annual supervisions.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patient confidentiality is maintained, specifically in relation to patients' care records being managed in accordance with legislative requirements and best practice guidance.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> <b>Patient confidentiality will be maintained in accordance with legislative requirements and best practice guidance.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered person shall ensure that a robust auditing process is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients, specifically in relation to wound care. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The manager will ensure that there is a robust auditing process in place and this will be monitored monthly and will include wound care</p>

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



The Regulation and  
Quality Improvement  
Authority

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