



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Ballymacconnell
Establishment ID No:	1051
Date of Inspection:	12 February 2015
Inspector's Name:	Karen Scarlett
Inspection ID:	21172

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Ballymacconnell
Address:	48 Ballymacconnell Road Bangor BT20 5PS
Telephone Number:	028 91271819
E mail Address:	Desmond.Wilson@wilsongroupni.co.uk
Registered Organisation/ Registered Provider:	Chester Homes Ltd Mr Desmond Wilson
Registered Manager:	Mrs Elizabeth Doak
Person in Charge of the Home at the Time of Inspection:	Mrs Elizabeth Doak
Categories of Care:	NH-I, NH-PH , NH-PH(E) ,NH-TI
Number of Registered Places:	26
Number of Patients Accommodated on Day of Inspection:	21
Scale of Charges (per week):	£581.00
Date and Type of Previous Inspection:	26 June 2014, primary unannounced inspection
Date and Time of Inspection:	12 February 2015 10.00 – 16.30
Name of Inspector:	Karen Scarlett

1.0 Introduction

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

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

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

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

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

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

1.2 Methods/Process

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

- Discussion with the Registered Nurse Manager
- Discussion with area manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of staff induction records
- Review of staff competency and capability assessments
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during an inspection of the premises

1.3 Inspection Focus

The inspection was carried out in response to concerns raised by a whistle-blower received via RQIA's duty system on 6 February 2015. For further information refer to section 4.1 of the report.

The inspection also sought to assess progress with the issues raised during and since the previous inspection on 26 June 2014.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Ballymaconnell Nursing home is situated on the Ballymaconnell Road in the suburbs of Bangor. The nursing home is one of a group of homes owned and operated by Chester Homes Limited. The current registered manager is Mrs Elizabeth Doak who has been in post for two years.

Ballymaconnell Private Nursing Home was registered in January 1992. The original home was renovated and extended to provide accommodation for twenty six patients on three levels.

The home is pleasantly decorated and the surroundings are generally homely. The presence of a lift ensures that all facilities are accessible to all patients.

The home provides an open plan lounge area which opens on to the dining area. An additional lounge area is also accessed from the central open lounge / dining room. Lounge areas are bright and well presented with a selection of occasional seating to suit the needs of the patients.

The Certificate of Registration was appropriately displayed in the entrance hall of the home.

The home is registered to provide care for a maximum of 26 persons under the following categories of care:

Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- PH (E) physical disability other than sensory impairment over 65 years
- TI terminally ill

3.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection of Ballymaconnell Nursing Home. The inspection was undertaken by Karen Scarlett on 12 February 2015 from 10.00 to 16.00 hours.

Mrs Elizabeth Doak, registered manager, was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Elizabeth Doak and Angela Dorrian, area manager, at the conclusion of the inspection.

The inspection was carried out in response to whistleblowing issues received via RQIA's duty system on 6 February 2015. The whistle-blower raised a number of concerns including the lack of induction for new staff, lack of knowledge of the fire procedure, the administration of medicines being delegated to care assistants, the staffing skill mix and communication issues regarding overseas staff. As part of the inspection process the registered manager, area manager, patients, relatives and staff were consulted and a number of records examined. The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and the issues raised by the whistle-blower were not substantiated during the inspection.

Additional areas examined at this inspection include:

- Environment
- Care Records

An inspection of the premises identified a number of issues including the storage of items in the bathrooms, the secure storage of cleaning chemicals and a damaged floor in need of repair or replacement. In addition an issue in respect of the communal use of fluid thickeners was identified. A total of three requirements have been made in relation to these matters.

Care records were generally maintained to a good standard but a recommendation has been made that care plans are reviewed at least monthly to ensure that changes to patients' care are reflected.

For further information please refer to section 5.0 of this report.

As a result of the previous inspection conducted on 26 June 2014, 14 requirements and eight recommendations were made. Compliance was assessed as follows; twelve requirements were compliant, one was no longer applicable, one was not yet compliant and has been stated for a second time. All eight recommendations were assessed as compliant.

As a result of this inspection four requirements, one restated, and one recommendation have been made.

The inspector would like to thank the patients, registered manager, area manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the staff and relative who completed questionnaires.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15 (2)	<p>The registered person shall ensure that the assessment of the patient's needs is</p> <p>(a) kept under review ; and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <ul style="list-style-type: none"> • pain assessments must be utilised for any patient prescribed regular or occasional analgesia 	<p>In the three records reviewed all had a care plan for the management of pain in place which specified which analgesia was in use. Pain assessment tools were in use but were inconsistently completed.</p> <p>Pain assessments for patients on regular analgesia were kept with the medicine administration records. These were reviewed and found to be inconsistently completed and not up to date.</p> <p>This requirement has been stated for a second time.</p>	Moving towards compliance

2.	16 (2) (b)	<p>The registered person shall ensure that –</p> <p>(b) the patient's plan is kept under review.</p> <ul style="list-style-type: none"> • wound management care plan should clearly state the frequency of dressing change • photography as recommended by the tissue viability nurse should be utilised (with the patient's consent) to inform the review in relation to leg ulcer healing. • the effectiveness of analgesia should be regularly evaluated and recorded. 	<p>The records of two patients with wounds were reviewed. A care plan was in place for both patients which reflected specialist advice of the tissue viability nurse. Wound charts were in use to assess the progress of the wound and the dressings to be used were specified along with the frequency of dressing changes.</p> <p>This requirement has been addressed.</p>	Substantially compliant
3.	30 (1)	<p>The registered person should notify RQIA without delay of any event in the home which seriously affects the wellbeing or safety of any patient. Any notification made in accordance with this regulation shall be confirmed in writing within 3 days.</p>	<p>The accidents, incidents and notification records were examined and confirmed that notifications were being sent in a timely manner.</p> <p>This requirement has been addressed.</p>	Compliant

4.	14 (3)	<p>The registered person must ensure that staff receive training in moving and handling of patients.</p> <p>This requirement refers specifically to the action to be taken as stated by the registered manager following an untoward event involving a moving and handling procedure.</p>	<p>The registered manager confirmed that the specific staff members involved in an untoward event had received training in manual handling. A review of the training records evidenced a rolling programme of mandatory training for all staff including manual handling.</p> <p>This requirement has been addressed.</p>	Complaint
5.	30 (1)	<p>The registered person must report to the Trust Designated Officer and RQIA <u>without delay</u> any event in the home which may potentially be a safeguarding issue.</p>	<p>There were no SOVA issues reported in the home since the date of the last inspection.</p> <p>The registered manager demonstrated a sound knowledge of the actions which should be taken should a SOVA issue be identified.</p> <p>This requirement has been addressed.</p>	Substantially compliant
6.	19 (1) (b)	<p>The registered person should ensure that records are kept securely in the nursing home.</p>	<p>All patient files were kept securely in the nursing office. Bedside documentation was kept inside the patients' bedrooms away from public view.</p> <p>This requirement has been addressed.</p>	Compliant

7.	20 (1) (b)	<p>The registered person must ensure that the employment of any persons on a temporary basis at the nursing home will not prevent patients from receiving such continuity of nursing as is reasonable to expect.</p> <p>The identified deficit of 76 registered nursing hours and 136 care assistant hours should be provided by permanent staff employed by the nursing home in order to provide continuity of care with a person centred approach.</p> <p>The weekly duty rota is to be submitted to RQIA each Monday until further notice.</p>	<p>The home had recruited registered nurses and although there were agency staff on night shift they tended to be “block booked” to enable continuity of care.</p> <p>It was evidenced in the duty rota that any agency staff new to the home attended induction on day and night shifts prior to commencing. Competency and capability assessments were viewed for agency staff and these were completed before the nurse was left in charge of the home.</p> <p>The deputy manager is due to go on an extended period of leave and arrangements have been made to provide cover.</p> <p>This requirement has been addressed.</p>	Compliant
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8.	20 (1) (a)	<p>The registered person must ensure that there are suitably qualified, competent and experienced persons working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This requirement refers to the inadequate provision of ancillary staff, which includes catering, housekeeping and laundry staff.</p>	<p>From an examination of the duty rota it could be evidenced that a cook and kitchen assistant were on each day. A domestic / housekeeper was on shift every day and on two days a week two domestic staff worked together to complete deep cleaning.</p> <p>Domestic and laundry duties are both undertaken by the domestic on duty.</p> <p>On the day of inspection the home was found to be clean and well presented. Patients spoken with were very complementary about the food provided in the home.</p> <p>This requirement has been addressed.</p>	Compliant
9.	20 (3)	<p>The registered manager should complete a competency and capability assessment with any nurse who is given the responsibility of being in charge of the home for any period of time in her absence.</p>	<p>Competency and capability assessments were reviewed and had been completed by the registered manager or deputy manager.</p> <p>This requirement has been addressed.</p>	Compliant
10.	20 (2)	<p>The registered person shall ensure that persons, including bank staff, are appropriately supervised.</p>	<p>There was evidence in the duty rota that bank and agency staff received a period of induction and were appropriately supervised by management.</p> <p>This requirement has been addressed.</p>	Compliant

11.	20 (1) (c) (iii)	<p>The registered manager must ensure that all staff employed in the nursing, including all bank staff, receive appraisal, mandatory training and other training appropriate.</p>	<p>A review of the training records evidenced that bank staff had availed of mandatory training within the home. Supervision and appraisal were ongoing. On the day of inspection a training session was being held in the home and bank staff attended. On discussion, they confirmed that they were offered mandatory training as required.</p> <p>This requirement has been addressed.</p>	Compliant
12.	13 (7)	<p>In the interest of infection prevention and management it required that the following issues are addressed;</p> <ul style="list-style-type: none"> • a torn commode lid , identified to the assistant manager, should be made good to provide an intact surface that can be effectively cleaned • the disabled toilet just off the main communal living space should be repainted. Items such as a drinking glass, toothbrush, man’s razor, and basin were stored on top of the wall mounted storage cupboard, these items should not be kept in a toilet area, and items should not be kept on top of the cupboard. • Small toilet just off the main 	<p>An inspection of the premises evidenced that all the issues raised in this requirement have been addressed.</p> <p>It was noted, however, that items such as, wipes, pads, toiletries, commode lids, bags, gloves, toiletries and urinals were being stored in bathrooms on cistern lids, bid lids, floors and shelves. This is not consistent with best practice in infection prevention and control. A damaged floor was also identified in one bedroom which could not be effectively cleaned. A further requirement has been made in this regard.</p>	Substantially compliant

		<p>communal living space should be repainted. The raised toilet seat was notably stained with faecal matter. The small waste receptacle bin lid was rusted. A wire square container with a black plastic bin liner should be replaced with a pedal operated waste receptacle.</p> <ul style="list-style-type: none"> the main lounge area carpet was notably stained/marked and should be deep cleaned or replaced. 		
13.	14 (2) (a)	<p>In the interest of maintaining a safe environment for patients, staff and visitors, it is required that where oxygen is in use in a patient's bedroom that appropriate signage is displayed.</p>	<p>No oxygen cylinders were noted in the bedrooms inspected. The registered manager confirmed that no oxygen is in use in patients' rooms at present.</p> <p>This requirement is no longer applicable and has not been restated.</p>	Not applicable
14.	27 (4) (c)	<p>It is required that all means of escape in the event of a fire are free from obstruction; the portable fan should be removed from the main bedroom corridor on the first floor as a matter of urgency.</p>	<p>All fire doors were found to be unobstructed on the day of inspection.</p> <p>This requirement has been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	26.2	<p>It is recommended that the 'Admissions of Residents' policy is further developed to include the following;</p> <ul style="list-style-type: none"> • the role, function and arrangement of the pre-admission procedure • the arrangements to ensure referral forms providing all necessary information, including risk assessments relating to the patient, are provided to the home before admission. • the arrangements to provide confirmation to the prospective patient that the home is suitable to meet their needs • the arrangements to respond to any unplanned admission • the arrangements to respond to self-referred patients. • admission policies and procedures should be reflective of The Nursing Homes Regulations (Northern Ireland) 2005, DHSSPS Nursing Homes Minimum Standards (2008) and NMC professional guidance. 	<p>The admissions policy was reviewed and found to contain all the recommended information and to be reflective of the relevant legislation and guidelines.</p> <p>This recommendation has been addressed.</p>	Compliant

2.	3.4	It is recommended that any documents from the referring Healthcare Trust are dated and signed when received.	<p>The area manager provided the inspector with examples of Trust documentation which had the date of receipt written on it. This has also been added as a separate criterion on the care record audits to ensure compliance.</p> <p>This recommendation has been addressed.</p>	Compliant
3.	8.1	The Malnutrition Universal Screening Tool (MUST) should be undertaken for patients on the day of admission to the nursing home.	<p>From the three records reviewed it could be evidenced that MUST assessment had been undertaken on admission and monthly thereafter.</p> <p>The home's admission policy also specified that this must be undertaken within 12 hours of admission.</p> <p>This recommendation has been addressed.</p>	Compliant

4.		<p>It is recommended that care plans on pain management are put in place for these patients, care plans should be reviewed to show that pain management is evaluated in a timely manner.</p>	<p>Care plans were in place for all patients who were prescribed analgesia.</p> <p>This recommendation has been addressed.</p> <p>However, it was noted that patient care plans, including but not limited to those regarding pain, were not being updated and reviewed consistently on a monthly basis.</p> <p>A further recommendation has been made in this regard.</p>	<p>Substantially compliant</p>
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5.	26.2	<p>The policy and procedure in place to guide and inform staff in regard to nutrition and dietary intake should be reviewed and further developed as follows;</p> <ul style="list-style-type: none"> • the policy should refer to the MUST as this is the nutritional screening tool used in the nursing home, not the CNRST as stated in the current nutritional policy. • clearly state the indicators for onward referrals to the relevant professionals. E.g. speech and language therapist (SALT), dietician and/or the general practitioner (GP). • provide details of the current referral procedures to access other relevant healthcare professionals • state the registered nurse's responsibility to review, evaluate and update patients care plans and risk assessments to ensure the recommendations made by SALT, GP and/or Dietician are recorded and addressed. • state the internal governance arrangements to support staff, the auditing process undertaken by management. 	<p>The nutritional policy was reviewed and found to contain all the recommended information. It had been updated to refer to the MUST screening tool and this was in use in the home.</p> <p>This recommendation has been addressed.</p>	Compliant
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6.	12.13	The current menu planner should be dated to show when the menus had been reviewed and/or implemented.	<p>The area manager confirmed that the date is now included on the reviewed menu planner.</p> <p>This recommendation has been addressed.</p>	Compliant
7.	8.6	It is recommended that all relevant staff attend training in dysphagia awareness, which should the use of thickening agents for patients with swallowing difficulties.	<p>A number of staff have attended training in dysphagia and more training is planned later in the month.</p> <p>This recommendation has been addressed.</p>	Substantially compliant
8.	30.7	It is recommended that the staff duty rota is kept up to date and shows the capacity in which staff have actually worked.	<p>The duty rota was reviewed and clearly identifies the capacity in which staff have actually worked.</p> <p>This recommendation has been addressed.</p>	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection on 26 June 2014.

RQIA received a telephone call from a “whistle-blower” via the duty system on 6 February 2015 who raised a number of issues in relation to practices at the home. It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; and in this case the call resulted in an inspection of the home.

The whistle-blower raised a number of concerns including the lack of induction for new staff, lack of knowledge of the fire procedure, the administration of medicines being delegated to care assistants, the staffing skill mix and communication issues regarding overseas staff. The issues were discussed with the registered manager and area manager as well as:

- discussion with staff
- discussion with patients
- examination of care records
- observation of care practices
- examination of the duty rota
- examination of staff competency and capability assessments
- examination of staff induction records

An examination of induction records for two newly employed staff confirmed that induction was completed for one staff member and ongoing for the other. These had been appropriately signed by the staff member and the registered manager. Discussion with one recently employed overseas nurse confirmed that they had received an induction which was ongoing and had completed four days of mandatory training prior to commencing the post. It was also evident from the duty rota that agency staff new to the home were completing an induction period on day and night shifts and had completed competency and capability assessments prior to being left in charge of the home.

The duty rota further evidenced that newly registered nurses in their preceptorship period were being given supernumerary hours and were being supervised by more experienced colleagues and the registered manager. Skill mix within the home was often weighted in favour of care assistants to registered nurses but remained sufficient to meet the assessed needs of the patients.

The inspector spoke with seven staff during the inspection. Staff demonstrated a good working knowledge of the fire procedure. Furthermore, the fire procedure was clearly displayed in the front foyer of the home and there was a rolling programme of mandatory training evidenced in staff training records. Staff confirmed that they were given an induction and mandatory training as required. Care assistants further confirmed that medicines were only administered by the registered nurse and they had not been asked to administer medications inappropriately. Staff highlighted the good team work within

the home and the support of their manager. Two staff completed questionnaires and were satisfied that patients were treated with dignity and respect and that they had received mandatory training. No concerns were raised by staff.

The inspector spoke with nine patients individually and with others in groups. There was also an opportunity to speak with one relative who was visiting the home and they kindly completed a questionnaire. The patients and relative were very positive about the care provided and the staff. Patients confirmed that they were well treated with dignity, respect and kindness, that their call bells were answered promptly and that the food was very good. They confirmed that the registered nurse gave out their medication and patients did not raise concerns about this aspect of their care being inappropriately delegated. Comments from patients included the following:

“I have no complaints. They are good to me.”

“I am very happy here.”

“The nurse always gives me my tablets.”

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and no concerns were raised.

5.0 Additional Areas Examined

5.1 Environment

The home was generally well maintained with a good standard of décor and hygiene throughout. Although progress had been made in relation to infection prevention and control a number of areas for improvement were identified.

A number of bathrooms were found to be cluttered with items such as, wipes, pads, toiletries, commode lids, bags, gloves, toiletries and urinals which were being stored on cistern lids, bid lids, floors and shelves. This is not consistent with best practice in infection prevention and control. The registered manager and area manager confirmed that they had identified this issue during monthly quality monitoring and had already spoken to staff regarding this.

In addition, some damage to the flooring was noted in one patient's bedroom which needs to be repaired or replaced in order to facilitate effective cleaning. A requirement has been made in regard to infection prevention and control.

Spray bottles of cleaning fluids were being stored on the bathroom shelves presenting a health and safety risk to patients. These chemicals must be removed and stored securely. A requirement has been made in this regard.

In addition it was noted that fluid thickener prescribed for a named patient was being communally used in the dining room. A requirement has been made that tubs of fluid thickener are individually labelled and administered only to the patient for whom they were prescribed.

5.2 Care Records

The care records examined were generally maintained to a high standard. Patient needs were identified on admission using validated assessment tools and these were reviewed monthly. Care plans were in place for the needs identified and were very comprehensive. However, care plans were not being consistently reviewed each month. A recommendation has been made that care plans are reviewed at least monthly to ensure that these are updated to reflect any changes or are discontinued if they no longer apply.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Elizabeth Doak and Angela Dorrian, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Ballymacconnell

12 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Elizabeth Doak, registered manager, and Angela Dorrian, area manager, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (2)	<p>The registered person shall ensure that the assessment of the patient's needs is</p> <p>(a) kept under review ; and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <ul style="list-style-type: none"> • pain assessments must be utilised for any patient prescribed regular or occasional analgesia <p>Ref: section 4.0</p>	Two	<p>The assessment of client's needs are kept under review by the nursing staff and revised whenever necessary. Care managers are contacted and updated within a timely manner via telephone or email. Despite contacting and informing client care managers that care reviews are due, these may not take place annually due to their vast case loads.</p> <p>Pain assessments are in use for all client's who require regular or occasional analgesia and nursing staff are aware that they must carry these out.</p>	12 April 2015

2.	13 (7)	<p>In accordance with best practice in infection prevention and control, items such as, wipes, pads, toiletries, commode lids, bags, gloves, toiletries and urinals stored in bathrooms on cistern lids, bid lids, floors and shelves must be removed.</p> <p>A damaged floor in a specified bedroom should be repaired or replaced to enable effective cleaning.</p> <p>Ref: section 4.0</p>	One	<p>The majority of staff attended a training update on Infection Prevention and Control in March and information cascaded to staff unable to attend. Staff aware of best practice within this area and all sundry items are stored within cupboards in the bathrooms. The managers weekly audit will identify any further failings in this area.</p> <p>The damaged flooring within the specified bedroom is due to be replaced this month.</p>	12 May 2015
3.	14 (2) (c)	<p>Cleaning chemicals presenting a health and safety risk to patients should be removed from bathroom shelves and stored securely.</p> <p>Ref: section 5.0</p>	One	<p>All cleaning chemicals are stored within our locked cleaning store cupboard as per COSHH regulations. Housekeepers reminded not to leave any cleaning chemicals within bathrooms.</p>	From date of inspection
4.	13 (4)	<p>The registered manager must ensure that all prescribed fluid thickening agents are individually labelled and administered only to the patient for whom they were prescribed.</p> <p>Ref: section 11.8</p>	One	<p>All fluid thickening agents are individually labelled from our pharmacy and administered to only the clients in which they are intended and prescribed.</p>	From date of inspection

Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5.4	<p>Patients' care plans should be reviewed and updated at least monthly.</p> <p>Ref: section 5.2</p>	One	<p>The majority of Patient care plans are being reviewed and evaluated monthly, however due to Nursing constraints a few may lapse by a couple of days into the next month. This is ongoing and we will endeavour to complete these within the month.</p>	12 May 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Elizabeth Doak
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Desmond Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	13/4/15
Further information requested from provider			