

Unannounced Care Inspection Report 7 October 2016



Beechvale Nursing Home

Type of Service: Nursing Home
Address: 35 Beechvale Road, Killinchy, BT23 6PH
Tel no: 028 9754 1166
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Beechvale Nursing Home took place on 7 October 2016 from 10.00 to 17.00 hours.

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

Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout. There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal and staff supervision systems. Staff confirmed they are required to attend a 'handover meeting' when commencing duty. There were various issues raised in relation to infection control. A requirement was made in these regards. A recommendation was also made to ensure health assessments are received prior to staff commencing employment and the Northern Ireland Social Care Council Register should be kept up to date as information is received. The accident book in use does not prompt staff for appropriate information such as clinical observations following an accident or who has been informed when an accident occurs or who informed them and when they were informed. A recommendation was made that this information is retained following all accidents. A recommendation was also made that there is provision made for patients who are in their bedrooms to summon for help.

Is care effective?

Care records reviewed, accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals. 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 patient representatives within the care records, in relation to any changes in the patients' condition. Personal care records evidenced that personal care was delivered in line with their care plans. Patients' confidentiality was respected by staff and the staff consulted confirmed that communication between all staff grades was effective. Staff, patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. A recommendation is made that a general staff meeting should be held to discuss the routine and redeployment of staff in the home following changes to the layout due to a new extension being built.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

Responses received from patients and five patients' representatives would indicate a high level of satisfaction with this service. Eleven staff returned questionnaires and their comments can be viewed in section 4.5 of this report.

There were no requirements or recommendations made in this domain.

Is the service well led?

There was an organisational structure within the home. Staff were able to describe their roles and responsibilities. However a recommendation is made that the roles of the administration team should be redefined in order to assist with the management of the home. Discussion with the deputy manager and observation of patients evidenced that the home was operating within its registered categories of care. Complaints were managed appropriately. There were systems in place to monitor and report on the quality of nursing and other services provided. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, they had not been completed from June 2016. A recommendation is made in that audits are completed and actioned where necessary at least monthly. There were also 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. All incidents had been managed appropriately and reported in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Monthly monitoring visits were also completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. A recommendation is made that the registered manager recommences regular patient/relatives and registered nurses meetings.

Three recommendations are made in this domain they are in relation to redefining administrative roles, the management of audits and the management of patient/relatives and registered nurses meetings.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Faustina Fula, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 26 April 2016. There were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Beechvale Nursing Home Limited Richard Porter	Registered manager: Paulene Rogers
Person in charge of the home at the time of inspection: Faustina Fula, deputy manager	Date manager registered: "registration pending"
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 42

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 25 patients, four care staff, the deputy manager, one registered nurse and three patient's representatives.

The following information was examined during the inspection:

- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable incidents
- audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records

- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
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- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08 March 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 08 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (1) (a) and (b) Stated: First time	The registered person shall ensure the nursing home is conducted so as- <ul style="list-style-type: none"> (a) To promote and make proper provision for the health and welfare of patients: (b) To make proper provision for the nursing and where appropriate, treatment and supervision of patients. 	Met
	Action taken as confirmed during the inspection: The morning routine in the home has been reviewed and an additional member of staff has been allocated to breakfast duties. Staff spoken with confirmed that this has assisted the quality of care. However, the routine needs to be further developed to take into account the new unit's geographical layout. A recommendation is made in this regard. Further detail is stated in section 4.4.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.11 Stated: First time	It is recommended that patients, who require a specialised or therapeutic diet, are offered hot and cold drinks and snacks at regular intervals throughout the day.	Met
	Action taken as confirmed during the inspection: A review of the morning routine evidenced that there were patients with a specialised and therapeutic diet were offered hot and cold drinks and snacks at regular intervals throughout the day.	
Recommendation 2 Ref: Standard 6.3 Stated: First time	It is recommended patients are enabled to exercise choice and give their consent regarding the provision of intimate care, including, but not limited to: <ul style="list-style-type: none"> • continence promotion and management; and • the frequency and timing of such care 	Met
	Action taken as confirmed during the inspection: A review of the care records evidenced that patients' preferred rising and retiring times were included. The care records also maintained details of continence promotion and management and the timing of care delivery. There was evidence of consent and patient choice recorded in the care records.	
Recommendation 3 Ref: Standard 41.2 Stated: First time	It is recommended that the registered manager ensures that at all times, suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of the patients.	Met
	Action taken as confirmed during the inspection: Staffing has been recently reviewed in keeping with patient needs and as a result staffing has increased by one carer in the mornings. This has enhanced patient care. However, staff states that when a member of staff telephones in sick with short notice that this can be problematic.	

<p>Recommendation 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>It is recommended that the dining experience for patients is reviewed to ensure it is a pleasurable experience for the patients. Dining tables should be appropriately set so as to encourage independent eating.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home has been recently been renovated and extended. There is now a purpose built, fully equipped kitchen with an extended adjoining dining area. New dining room furniture has been purchased and it is nicely decorated and welcoming. Dining tables were formally set which encouraged patients with their independent eating. Patients were very complimentary of the meals served and their dining experience.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p>	<p>It is recommended that the frequency of staff meetings should increase to enhance communication between management and staff and facilitate team cohesiveness.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that staff meetings have increased following the previous inspection. However, there is now a new manager in post and due to the new renovations/extension, the home's layout has changed. A general staff meeting is required to discuss how the new layout of the home has impacted on patient dependency and the routine. A recommendation is made in this regard.</p>		

4.3 Is care safe?

There were systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were reviewed by the manager and checked for possible issues. However, neither of the two files reviewed contained pre-employment health assessments. A recommendation is made in this regard. Where nurses and carers were employed, their personal identification numbers (PIN) were checked monthly with the NMC and NISCC if applicable, to ensure that their registration status was current. However, the matrix register for care staff registered with NISCC was not updated as information was received and the information was maintained in various files. A process should be introduced whereby the information is readily available for inspection. A recommendation was made in this regard. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and a record was maintained which included the reference number and date received.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction and shadowed experienced staff until they felt confident to care for the patients unsupervised. This ensured that they had the basic knowledge needed to begin work.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and was generally kept up to date. A review of staff training records confirmed that staff completed training on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult safeguarding. Observation of the delivery of care evidenced that training had been embedded into practice. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota commencing 10 October 2016 and 17 October 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way. Discussion with staff confirmed that communication was well maintained and that appropriate information was communicated in the shift handover meetings.

There were a number of patients being nursed in bed, there were various reasons explained by the deputy manager as to why patients were observed in bed. In some bedrooms, however, there were no nurse call leads provided for patients. The deputy manager agreed that this should be reviewed to ensure patients are appropriately assessed to use the nurse call system; where necessary a means for calling for help is provided for patient and staff use. A recommendation is made in this regard.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The deputy manager demonstrated good knowledge regarding adult safeguarding and confirmed that any potential safeguarding concern would be managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures and that RQIA would be notified appropriately. There were no ongoing safeguarding issues in the home.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails and restraint, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate; assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were updated following each incident; care management and patients' representatives were notified appropriately. The pro forma used to record accidents was required to be reviewed to ensure all required information was recorded. For example, a record of the clinical observations, who has been informed when an accident occurs or who informed them and when they were informed. A recommendation is made in this regard.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The areas reviewed were found to be clean, tidy, well decorated and warm throughout. Infection prevention and control measures were generally adhered to; however the following issues are required to be addressed:

- unused bedrooms should not be used to store equipment
- replace the storage racks in the identified sluice room as they are rusted
- remove the items stored in the identified bathroom, this bathroom should not be used as a store
- repair the floor seals in the identified shower room
- ensure toiletries are always personalised
- ensure personal protective equipment such as aprons and gloves are appropriately stored
- identify the designation of storage areas and ensure items stored within are maintained in keeping with best infection control practices

A requirement is made in this regard.

The domestic staff were commended on this occasion for maintaining a clean and fresh welcoming environment. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

There was one requirement made in regards to infection control. Four recommendations were also made. They relate to the pre-employment health checks, the NISCC register, the management of the accident records and the provision of nurse call leads for patients nursed in beds.

Number of requirements	1	Number of recommendations	4
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4.4 Is care effective?

Patients' needs were evidenced to be assessed on admission and care plans were developed and reviewed on a regular basis. A review of three patient care records evidenced that risks to patients were assessed. Examples included moving and handling assessments and risk of falls; bedrails and other restraints; risk of developing pressure damage and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties.

Patients were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring patients' weights and recording any incidence of weight loss. Where patients had been identified as being at risk of poor nutrition, staff completed daily food and fluid balance charts to record the amount of food

and drinks a patient was taking each day. Referrals were made to relevant health care professionals, such as GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause of the patient's poor nutritional intake.

Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans.

The 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. Registered nurses consulted with were aware of the local arrangements and referral process to access other multidisciplinary professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of regular communication with patient representatives within the care records in relation to any changes in the patients' condition.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored. Records of repositioning were maintained in the bedrooms of those patients nursed in bed. This is good practice.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to discussing patients' details in front of other relatives.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Consultation with staff confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the manager. Information leaflets were available for patients or relatives they were displayed in the front entrance of the home. Advocates or patient representatives can represent the views for patients who are unable or not confident in expressing their wishes.

Discussion with the deputy manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

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 appropriate to their needs. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets.

The lunch time menu was very appetising and choices available on the day of inspection were salmon quenelles with asparagus sauce or chicken and broccoli bake served with spinach and

carrot and parsnip and a choice of potatoes. For dessert there was vanilla panacotta or ice cream or yoghurts. All staff spoken with were very praiseworthy of the food served in the home, stating that it was always, “tasty” and “varied” and “nicely presented”. The home has recently been renovated and there is a newly purpose built, fully equipped kitchen. The kitchen was observed to be spotlessly clean and well organised. The dining room has also recently been renovated and is very welcoming and spacious. The tables were nicely set with condiments and table decorations, napkins and table cloths.

The dependency of patients was observed to be particularly high during lunch time and staff spoken with stated that they felt under pressure during this time and that the new layout of the home had a time impact on patient care delivery. Staff also felt that the routine and deployment of staff is required to be reviewed to take into account the layout of the new extension and how it impacts on the routine in the home. This was discussed with the manager by telephone following the inspection who agreed to hold a general meeting with staff to agree the deployment of staff and the routine. A recommendation was made in this regard.

Areas for improvement

One recommendation was made in relation to a review of the deployment of staff and the routine of the home.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 25 patients both individually and in small groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choices were listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

The registered manager stated that there was an activity coordinator employed over five days a week to assist patients with activities. There was a hairdresser who visits weekly and there was also evidence that music and entertainment was a regular occurrence in the schedule of activities.

Staff confirmed that the spiritual needs of patients were catered for and there was evidence of regular visits by ministers of different faiths.

Patients’ representatives spoken with confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the deputy manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received during the inspection and in the questionnaires are detailed below:

Staff

- “we need more equipment like stand assists, wheelchairs, commodes and trollies”
- “staff don’t always have the time to meet the individual needs of patients”
- “the manager is very pleasant, approachable and sympathetic, the service is managed quite well, but we need more equipment and higher staff ratios”
- “due to new layout of home and needs of residents, I feel I am unable to do my best with the amount of staff on”
- “generally service users are well looked after especially when full staff”
- “agency staff do not always handover proper information about new residents”
- “layout of new building means that oxygen and suction is far away from residents. Front reception is not confidential for reports as it is beside the front door”
- “more communication needed”
- “more staff needed in all aspects”
- “I am very satisfied with everything”
- “this is a good home and the care is good, we do our best”

Patients

- “I like it here”
- “I enjoy the food”
- “I’m happy here, I am well looked after”
- “It’s good”
- “this place is marvellous, I couldn’t be happier”
- “the food is really good, there is so much choice”
- “excellent all round, the staff are so kind and courteous”
- “this is a beautiful home, I’m happy here”

Patients’ representatives

- “my.....has been a patient for five years and I am very satisfied with all aspect of care”
- “very satisfied with everything”
- “this is a great home, I’m very confident that the care is excellent”
- “very satisfied with all aspects”
- “I think the staff are very caring”

Some compliment cards viewed stated the following:

- “The craic and the banter we had was really appreciated”
- “Thank you for all the love and support you gave my
- “It is with sincere thanks that I write for the loving and special care that you gave my”

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was an organisational structure within the home. During discussion with the registered person following the inspection by telephone, it was agreed that job roles of the administration team should be clearly defined in order to assist with the management of the home. A recommendation is made in this regard. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The deputy manager confirmed that the policies and procedures for the home were systematically reviewed. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the deputy 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. Staff and patients' 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. Relatives were aware of who the registered manager was. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the deputy manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the deputy manager outlined how the following audits were completed:

- falls
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints.

A review of the record of audits evidenced that they had not been completed since June 2016. A recommendation was made that the audits are completed at least monthly.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the deputy manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement. Discussion with the deputy manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

A review of the minutes of staff meetings evidenced that there had been no recent registered nursing meetings minutes recorded and there had been no patients/relatives meetings held. A recommendation was made that the manager recommences registered nurses and patients/relatives meetings. Minutes of the meetings should be retained alongside and any action taken to address any issues raised.

Areas for improvement

In total three recommendations were made in this domain. A recommendation was made that the provider defines administrative roles and responsibilities in order to assist in the management of the home. A recommendation was made that audits are completed at least monthly and actions taken where required. A recommendation was raised in respect of the re-establishment of regular staff and patients/relatives meetings.

Number of requirements	0	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Faustina Fula, deputy manager, during the inspection. Details were also discussed with Paulene Rogers, manager, and Richard Porter, responsible person, by telephone following the inspection as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 13 (7)

Stated: First time

To be completed by:
30 November 2016

The registered provider must ensure the following infection control issues are addressed:

- unused bedrooms should not be used to store equipment
- replace the storage racks in the sluice room as they are rusted
- remove the items stored in the identified bathroom, this bathroom should not be used as a store
- repair the floor seals in the identified shower room
- ensure toiletries are always personalised
- ensure personal protective equipment such as aprons and gloves are appropriately stored
- identify the designation of storage areas and ensure items stored within are maintained in keeping with best infection control practices

Ref: Section 4.3

Response by registered provider detailing the actions taken:

A new store has been assigned for excess equipment to be stored (the bathroom next to room 19 - approved by estates inspector to decommission as bathroom). The works to create the store has been commissioned and will be implemented as soon as works are complete.

New racking has been ordered for the sluice and will be replaced on arrival.

Repairs work to the floor fall under contractors warranty and instructions have been issued to fix.

The staff have been made aware that toiletries must be personalised and this will be checked at the next Reg 29 inspection. This will be re-emphasised at a staff meeting on the 1st December.

A meeting with senior carers was held on Friday 18th to discuss this report and in particular to address where items should be stored. We are reviewing infection control best practises and implementation will take place iminently.

Recommendations	
Recommendation 1 Ref: Standard 38 Stated: First time To be completed by: 30 November 2016	The registered provider should ensure that pre-employment health assessments are completed prior to staff commencing employment. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The application form has been reviewed to ensure adequate information is collected about the medical history. There is a section on the form asking for this information
Recommendation 2 Ref: Standard 35 Stated: First time To be completed by: 30 November 2016	The registered provider should ensure the matrix register for care staff registered with NISCC is updated as information is received; a process should be introduced whereby the information is readily available for inspection. Ref: Section 4.3
	Response by registered provider detailing the actions taken: Responsibility for the staff register has been moved to another administrator to take responsibility for the matrix register including monthly checks for NISCC registration
Recommendation 3 Ref: Standard 6 Stated: First time To be completed by: 30 November 2016	The registered provider should ensure patients are appropriately assessed to use the nurse call system; where necessary a means for calling for help is provided for patient and staff use. Ref: Section 4.3
	Response by registered provider detailing the actions taken: Every room is now provided with a nurse call lead in addition to the nurse call point on the wall.
Recommendation 4 Ref: Standard 21 Stated: First time To be completed by: 30 November 2016	The registered provider should ensure that the pro forma used to record accidents is reviewed to ensure all required information is recorded, for example a record of the clinical observations, or who has been informed when an accident occurred or who informed them and when they were informed. Ref: Section 4.3
	Response by registered provider detailing the actions taken: A new proforma accident book has been ordered and will be implemented on arrival.

<p>Recommendation 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that a general meeting is held with staff to agree how issues raised following the renovations to the home could be addressed by the deployment of staff and a review of the routine.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: A meeting with senior carers was held on Friday 18th November and an all staff meeting is scheduled for Friday 1st December This will be kept under review as the number of residents and members of staff increases.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that audits are completed at least monthly.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: A new manager in place is fully aware of the requirement to under take monthly audits</p>
<p>Recommendation 7</p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that the administrative roles and responsibilities are defined in order to assist in the management of the home.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: The administrative roles have been redefined and responsibilities shifted. New job descriptions have been drafted and shall be implemented before the 30th November.</p>
<p>Recommendation 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that registered nurses and patients/relatives meetings are re-established. Minutes of the meetings should be retained alongside and any action taken to address any issues raised.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: Regular staff meeting will be re-introduced now that the works to the building are complete and a new manager is in place. The policy is to have 4 general staff meetings a year and we will introduce specific meetings for specific types of staff as required also.</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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