Unannounced Care Inspection Report
5 & 6 June 2018

Carnalea

Type of Service: Nursing Home
Address: 20-30 Crawfordsburn Road, Bangor, BT19 1BE
Tel no: 028 9145 1121
Inspectors: James Laverty

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 73 persons.

3.0 Service details

Registered organisation/registered person: Four Seasons Health Care Dr Claire Royston	**Registered manager:** Josette Fernandez
Person in charge of the home at the time of inspection: Day 1 of the inspection: Deputy Manager, Patricia Fitzpatrick Day 2 of the inspection: Josette Fernandez	**Date manager registered:** 8 February 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	**Number of registered places:** 73 with a maximum of 14 persons in category NH-DE located in the Featherstone Wing

4.0 Inspection summary

An unannounced inspection took place on 5 June 2018 from 09.10 to 15.45 hours and 6 June 2018 from 09.15 to 16.20 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 communication between staff and patients, monitoring the professional registration of staff; management of accidents and incidents and communication with the multiprofessional team.

Four areas for improvement under regulation was identified in relation to adherence to fire safety practices, wound care and the repositioning of patients.

Two areas for improvement under the standards were identified in relation to the dining experience of patients and staff management.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Josette Fernandez, registered manager, and Elaine McShane, resident experience support 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 7 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 December 2018. There were no further actions required to be taken following the most recent inspection. 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 & medicines management report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 13 patients, four patients' relatives/representatives, and five staff. 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:

- Staff duty rota for the period 21 May 2018 to 3 June 2018
- 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 2018/19
- Accident and incident records
- One staff recruitment and induction file
- Minutes of staff and relatives' meetings
- Five patients' care records including two supplementary fluid balance records
- A selection of governance audits
- Complaints records
- Adult safeguarding records
- Notifiable incidents to RQIA
- 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 and resident experience support 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 7 December 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 12 & 13 June 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (2) (a)(c)

Stated: Second time

To be completed by:
With immediate effect</td><td>The registered person must ensure that all cleaning chemicals are securely stored in keeping with Control of Substances Harmful to Health (COSHH) legislation, to ensure that patients are protected from hazards to their health.

Ref: Section 6.4</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
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.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 16 (2) (b)

Stated: First time

To be completed by:
4 July 2017</td><td>The registered provider must ensure that the patients’ care plans are written in a timely manner and that they evidence collaboration with the patient and/or their representative as appropriate.

Ref: Section 6.5</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of five patients’ care records confirmed that their care plans had been written in a timely manner. The care plans also evidenced collaboration with the patients’ and/or their representative, as appropriate.</td></tr>
</table>

Area for improvement 3 **Ref:** Regulation 13 (1) **Stated:** First time **To be completed by:** With immediate effect	The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so, specifically relating to patients' fluid intakes. **Ref: Section 6.5**	**Met**
	Action taken as confirmed during the inspection: Review of two patients' care records, including corresponding & supplementary fluid balance records, confirmed that assessment of patients' needs had been kept under review in a timely manner and revised at any time when it was necessary to do so.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 4 July 2017	The registered person shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to those areas identified on inspection. **Ref: Section 6.4**	**Met**
	Action taken as confirmed during the inspection: Review of the environment confirmed that all environmental deficits identified during the previous care inspection had been satisfactorily addressed.	
Area for improvement 2 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 4 July 2017	The registered persons should ensure that all meals are appropriately covered by staff when being brought from the dining room to patient bedrooms. **Ref: Section 6.4**	**Met**
	Action taken as confirmed during the inspection: Observation of the lunch time meal confirmed that all patients' meals which were brought to patients' bedrooms were appropriately covered.	

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. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Discussion with patients, patients' relatives and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. However, discussion with the registered manager/staff and review of governance records highlighted that the system used to ensure that all staff are supported via bi-annual supervision/annual appraisal was inadequate. For instance, review of the 2017 supervision planner for ancillary staff highlighted that of the 17 staff listed, only 10 staff had undergone one period of formal supervision within the year. None of the ancillary staff had received two periods of formal supervision as required by the Care Standards for Nursing Homes, 2015. It was also noted that one member of the ancillary team was not listed. Furthermore, while the need for an effective supervision/appraisal planner had been identified within monthly monitoring visits by the resident experience support manager, no effective action had been taken to address this. Monthly monitoring visits are discussed further in section 6.7. These shortfalls were 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.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review, an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

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. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff

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. Communal toilets/bathrooms were found to be particularly clean and this observed standard of cleanliness is commended.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one bedrail cover within a patient's bedroom was frayed and worn, one linen store was cluttered with various pieces of bed linen on the floor, the carpet located behind the first floor nursing station was significantly stained and worn, and cupboard space used by nursing staff at the first floor nursing station was chipped and unclean. These weaknesses were discussed with the registered manager who ensured that appropriate action was taken to satisfactorily address these matters before conclusion of the inspection. With regards to the condition of the first floor nursing station, the registered manager and Elaine McShane stated that this area was pending imminent remedial work. It was agreed that the registered manager would keep RQIA advised of this and this will be reviewed during a future care inspection.

It was further observed that the majority of ceiling lights were not working correctly within one communal lounge and another communal lounge lacked a suitable nurse call lead. These deficits were highlighted to the registered manager who agreed to ensure that maintenance staff addressed this.

Systems were in place to monitor the incidents of Healthcare acquired infections (HCAI's) and the registered manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, deficits were found in regards to the management of patients who smoked and were assessed as being at risk of harm. This is discussed further in section 6.5. Discussion with three staff further highlighted that they had inadequate knowledge of where to find firefighting equipment within the home, specifically, a suitable fire extinguisher and/or fire blanket. This was discussed with the registered manager and the need to ensure that fire training in relation to fire safety is embedded into practice was stressed. An area for improvement under regulation was made.

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. Review of one patient's care records who required the use of a pressure alarm mat evidenced that comprehensive and person centred assessments had been carried out and kept under regular review. This practice is commended.

During a review of the environment it was noted that there were two 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 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 four areas in which patients' medicines had not been stored securely, specifically, food thickeners. 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. This will be kept under review during a future care inspection and these findings were also shared with the RQIA pharmacy inspector following the inspection.

Areas of good practice

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

Areas for improvement

One area for improvement under regulation was identified in regards to fire safety.

One area for improvement under the standards was made in relation to staff management.

	Regulations	Standards
Total number of areas for improvement	1	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. It was further noted that the daily fluid intake of two patients had been meaningfully referenced by nursing staff within corresponding daily progress noted.

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 the care record for one patient requiring ongoing wound care highlighted that one care plan was out of date and inaccurate despite nursing staff reviewing it on a monthly basis. It was also noted that supplementary wound care information contained on a body map was also out of date and inaccurate. Although there was clear evidence that nursing staff had ongoing communication with the tissue viability nurse involved in the patient's wound care, the TVN's specific recommendations were not referenced within the relevant care plan. In addition, the dressing regimen which was in the care plan was out of date. Review of other supplementary wound care records and discussion with staff did confirm that ongoing TVN recommendations were being adhered to in regards to the wound being reviewed. These shortfalls were discussed with the registered manager and an area for improvement under regulation was made. The auditing of wounds within the home is discussed further in section 6.7.

The management of patients who were at risk of harm due to smoking was also reviewed. The care record for one such patient did evidence that a relevant care plan was in place and had been reviewed on a monthly basis. However, the corresponding risk assessment was found to be incomplete and had not been reviewed on a monthly basis, as required. It was also noted that both the care plan and risk assessment did not address one area of the home in which a patient was observed to be smoking during the inspection. This was discussed with the registered manager who stated that the area which had been used by the patient was meant for staff use only. It was further highlighted that the level of staff supervision for the patient, which was required by the risk assessment, was not adhered to during the inspection. These weaknesses were discussed with the registered manager and an area for improvement under regulation was made. Deficits relating to related fire safety practices are discussed further in section 6.4.

Shortfalls were also found in relation to pressure care for patients. Review of the care record for one patient who was assessed as being at risk of pressure sores evidenced that the patient required the use of a pressure relieving mattress and needed to be repositioned every four hours by staff. While a suitable mattress was in use, discussion with nursing staff highlighted that staff were not repositioning the patient as required. This was highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

Three areas for improvement under regulation were identified in regards to fire safety, smoking risk management and the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	3	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.

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

- "The girls are grand."
- "The staff are marvellous."
- "I've no complaints."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "The care here is second to none."
- "The staff do a great job."

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

At the time of writing this report, 12 questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care. Returned questionnaires included the following comments:

"Staff very friendly and informative. They show great empathy."
"You could not care for … better than you do."

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

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. However, while questionnaires had been distributed to patients during November 2017 in order to quality assess the dining experience of patients and the results had been reviewed by the registered manager, they were not shared with patients or patients' relatives/representatives. It was highlighted to the registered manager that the questionnaire itself indicated that such a report would be made available within the foyer of the home in due course. While it was positive to note that such patient engagement had occurred it was disappointing that the findings had not been effectively communicated afterwards. The need to ensure that such communication occurs, was emphasised. Discussion with the cook did confirm that the survey findings had been shared with him and acted on, where needed.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

It was also encouraging to see that personal activity leaders (PAL) were actively engaged with patients on an individual and small/large group basis throughout both days of the inspection. This included activities such as one to one conversation, quizzes and skittles. Activities occurred both inside the home and within the garden area. The enthusiastic manner in which these activities were provided is commended.

Observation of the lunch time meal evidenced that the majority of patients were given a choice in regards to the meals being served. However it was observed that care staff did not always offer the entire range of available desserts to some patients. This was discussed with the registered manager and it was agreed that staff should ensure that all patients are made aware of all possible dietary options in keeping with the daily menu.

The dining areas on both floors 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 the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients.

Some deficits were observed however with regards to the dining experience of patents, specifically: the menu boards contained within the first floor dining area did not provide any breakfast information for patients. One care staff member was observed assisting a patient with lunch from a standing position and in a manner which did not promote a person centred approach. Another member of staff was observed decanting milk into patients' glasses using a milk carton. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was made.

It was also noted that the morning tea trolley on the first day of inspection lacked any suitable option for patients requiring a modified diet. This was discussed with both the registered manager and cook who provided assurance that suitable foods/fluids are normally available on the mid-morning and mid-afternoon tea trolleys. Observation of these trolleys throughout the remainder of the inspection highlighted no concerns. The need to ensure that a suitable variety of foods/fluids for all patients is available on tea trolleys at all times was stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of person centred activities and social stimulation for patients.

Areas for improvement

An area for improvement under the standards was identified in regards to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	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. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

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 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. Although monthly monitoring reports for the period March 2018 to May 2018 were available and contained detailed action plans, it was noted that these action plans did not contain deadlines by which to achieve compliance. For instance, the lack of a suitable supervision/appraisal planner for ancillary staff remained an outstanding issue for three months and was found to be an area requiring improvement during this inspection (see section 6.4). This was discussed with both the registered manager and Elaine McShane and the need to include deadlines within these action plans was agreed. This will be reviewed during a future care inspection.

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 on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. However, although there was evidence of staff meetings throughout the home, it was found that not all staff received meetings on a quarterly basis in keeping with best practice guidance. This was highlighted to the registered manager and will be reviewed during a future care inspection.

Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure 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 health and safety, infection control, patient weight loss and the administration of medicines. While a monthly review of patients' wounds within the home had been carried out, it was found that it was inaccurate in relation to one patient. This was highlighted to the registered manager and the need to ensure that wound care audits are completed accurately and comprehensively was stressed. This will be reviewed during a future care inspection.

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 stated that the provision of a new smoking area for staff located within the front care park had been appropriately reviewed and fire risk assessed. The registered manager further confirmed that a fire blanket had been installed in this area during the inspection. The need to ensure that all areas in the home comply with best practice standards relating to fire safety practices was stressed. It was also agreed that patients would be assisted with smoking, as necessary, within suitably designated areas.

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 management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josette Fernandez, registered manager, and Elaine McShane, resident experience support 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

Area for improvement 1 **Ref**: Regulation 27 (4) (e)(f) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This relates specifically to staff awareness in relation to the procedure to be followed in case of fire and/or for saving life. Ref: 6.4
	Response by registered person detailing the actions taken: Annual Fire Awareness training is mandatory for all staff, this will be embedded in practice by staff attending two fire drills per year and spot checks by the Home Manager to ensure that staff have adequate knowledge of where to find fire fighting equipment.
Area for improvement 2 **Ref**: Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regards to the management of patients who use cigarettes/e-cigarettes: • that a comprehensive, relevant and accurate risk assessment is in place which is written in collaboration with the patient and/or their representative and is revised/kept under review as necessary • that care plan(s) are in place which prescribe the care/level of supervision required and are revised/kept under review as necessary • that patients are assisted/supervised at all times in keeping with current risk assessments/care plans when smoking and that only designated smoking areas for patients are used Ref: 6.5
	Response by registered person detailing the actions taken: Risk assessments for Residents who smoke have been reviewed and updated, staff will review on at least a monthly basis. The resident who was found to be smoking in the staff smoking area has now been advised that they must use the resident's allocated smoking area. Care plans have been reviewed and include allocated area and level of supervision required for each resident who chooses to smoke.

Area for improvement 3 **Ref**: Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in relation to the provision of wound care to patients: • that care plan(s) are in place which prescribe the required wound care and cite and/or refer, if appropriate, to any recommendations from the multiprofessional team • that all supplementary wound care records are completed/maintained contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance Ref: 6.5
	Response by registered person detailing the actions taken: Care plans and body maps for all Residents with wounds have been reviewed and updated to reflect the TVNs most recent recommendations and include details of dressings required, the frequency of dressings, type of mattress in use and details of mattress settings where applicable. A supervision session has been/will be held with staff in respect of this.
Area for improvement 4 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in relation to the provision of pressure area care to patients: • that pressure area care is provided to patients in keeping with any relevant care plan(s) which prescribe the pressure relief required • that supplementary repositioning records are completed contemporaneously, comprehensively and accurately in keeping with legislative and best practice guidance Ref: 6.5
	Response by registered person detailing the actions taken: Change position booklets have been reviewed and updated to include frequency of skin checks and frequency of re-positioning as per individual care plans. A laminated copy of the front page of each booklet will be made available for ease of reference at start of each new booklet. Registered Nurses have been advised to spot check at least once during their shift.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 40 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that robust governance arrangements are in place to ensure that all staff receive supervision and appraisal in keeping with minimum standards and current best practice. Ref: 6.4
	Response by registered person detailing the actions taken: A new Staff supervision and Appraisal planner has been put in place which highlights the planned month for the supervision/appraisal and then the actual date that the supervision/appraisal takes place. This matrix includes all current employees and will be updated as a new employee commences employment in the Home.
Area for improvement 2 **Ref**: Standard 12 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a comprehensive menu is displayed in all communal dining areas in a suitable format for patients. The registered person shall also ensure that staff assist patients, as required, with eating and drinking in a person centred manner which promotes patient dignity at all times. Ref: 6.4
	Response by registered person detailing the actions taken: New menu boards have been purchased for the downstairs dining rooms with a further menu board on order for the upstairs dining room which displays menu for breakfast, lunch and dinner, including modified choices. The Chef is currently gathering photographs of the meals offered on the menu so that a pictorial menu choice is available for residents who are unable to choose from the menu board or menu choice sheet. Supervision sessions are being arranged with staff in relation to assisting residents with eating and drinking in a person centred manner which promotes patient dignity at all times. This has also been discussed at the last staff meeting.

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

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