

# Unannounced Care Inspection Report 20 July 2016



## Cedarhurst Lodge

**Type of Service: Nursing Home**  
**Address: Cedarhurst Road, Belfast, BT8 4RH**  
**Tel No: 028 9049 2722**  
**Inspector: Donna Rogan**

## 1.0 Summary

An unannounced inspection of Cedarhurst Lodge Care Home took place on 20 July 2016 from 09:15 hours to 17:30 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?**

There were systems in place for the recruitment and selection of staff. New staff completed an induction programme and there were systems established to monitor staff performance and to ensure that staff received support and guidance. The planned daily staffing levels were subject to regular review to ensure the assessed needs of the patients were being met. Training had been provided in all mandatory areas and this was kept up to date.

Staff were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. A range of risk assessments were completed on a regular basis and were reflected in the care planning process. Patients' risks of falls were managed appropriately. The home was clean, infection prevention and control measures were adhered to and fire exits and corridors were maintained clear from clutter and obstruction.

One recommendation was made in this domain, the recommendation relates to the management of waste.

### **Is care effective?**

There was evidence that the care planning process included input from patients and/or their representatives and there was evidence of regular communication with patient representatives regarding any changes in the patients' condition. Patients were repositioned in line with their care plans; and patients' fluid intake had been monitored, as required.

However, improvements were identified as being required in this domain. They relate to the management of mealtimes and the management of care records. Three requirements and two recommendations are made. The three requirements are made in relation to care planning and the management of mealtimes. The two recommendations are made in relation to the auditing of care records and the management of one care record and supplementary records.

### **Is care compassionate?**

Staff interactions with patients were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect. Staff responded to patients' needs in a timely manner. Patients were encouraged to socialise within the home and there was a varied activity programme. There was a system in place to obtain the views of patients and their representatives and staff on the quality of the service provided. A recommendation is made that management consider the comments made by patients and address them where necessary.

## Is the service well led?

There was a clear organisational structure within the home. Observation of patients evidenced that the home was operating within its registered categories of care. The policies and procedures for the home were evidenced to be systematically reviewed and there was a system in place to manage any complaints, in accordance with regulation and best practice. Urgent communications, safety alerts and notices were reviewed and actioned, where appropriate. Systems were in place to monitor and report on the quality of nursing and other services provided. Monitoring visits were completed in accordance with the regulations and/or care standards.

In total there were three requirements and six recommendations were made, in relation to management of waste, management of meals and mealtimes, care records, auditing, supplementary records and monitoring visits.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>3</b>	<b>6</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lavina Harris, Registered Manager and Lorraine Kilpatrick, Regional 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 unannounced medicines management inspection undertaken on 4 April 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Four Seasons Healthcare Maureen Claire Royston	<b>Registered manager:</b> Lavina Ann Harris
<b>Person in charge of the home at the time of inspection:</b> Lavina Harris	<b>Date manager registered:</b> 13 June 2007
<b>Categories of care:</b> NH-DE, NH-MP, NH-MP(E)  A maximum of 28 patients in category NH-DE accommodated in the Beech Unit and a maximum of 15 patients in category NH-MP/MP (E) accommodated in the Sycamore Unit.	<b>Number of registered places:</b> 43

## 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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- 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. Questionnaires were distributed to patients, relatives and staff. The inspector also met with approximately 30 patients, one domestic staff, three kitchen staff, seven care staff, the deputy manager, two registered nurses and four patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- 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
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- staff, patients' and patients' representative questionnaires
- 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 04 April 2016

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 05 January 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.6 <b>Stated:</b> First time	The registered person shall ensure a continence assessment has been completed for patients where a care plan for elimination needs has been written.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of four care records evidenced that they each had a continence assessment completed.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the continence assessment and corresponding plan of care identifies the type of continence aid required and the level of support the patient requires.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of four care records evidenced that there was a corresponding plan of care to identify the type of continence aid required and the level of support the patient requires.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a system is implemented to evidence patients and/or their representative have been consulted regarding the planning of care and informed of any changes to the care plan.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The four care records reviewed evidenced that where there was consultation regarding patients' care that it was recorded in the communication section of the care records.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure registered nurses evidence the monitoring of patients bowel function in care records.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that registered nursing staff were monitoring patients' bowel function.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the system of auditing of care records is robust and evidences that where shortfalls have been identified remedial action had been taken and signed off by the registered person or nurse in charge.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence of auditing care records which identified shortfalls and where they were identified they were actioned. However, the level of auditing should be increased following the outcome of this inspection in order to ensure that the issues raised during the inspection are addressed and that the learning from the audits is embedded into practice.</p>		

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 46.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the operation of the laundry facilities is in accordance with infection prevention and control guidelines.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the laundry facilities evidenced that they were maintained in accordance with infection prevention and control guidelines.</p>		

### 4.3 Is care safe?

There were systems in place for the recruitment and selection of staff, which included a policy and procedure. A review of two staff personnel files evidenced that they were reviewed by the registered manager to confirm that all the required information was available. Staff consulted with stated that they had only commenced employment once all the relevant checks had been completed. Where registered nurses and carers were employed, their personal identification numbers (PIN) numbers were checked on a regular basis, with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that their registrations were valid. 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 for each staff member and the date received.

The 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 18 and 25 July 2016 evidenced that the planned staffing levels were adhered to.

There is also an activity person employed in both units for a total of 61.5 hours per week. In addition there is also domestic/laundry, kitchen, administration and maintenance staff employed.

Discussion with patients evidenced that there were no concerns regarding staffing levels.

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 this was kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules 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 safeguarding. Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. Individual supervisions were also conducted with staff in response to a learning need being identified; the registered manager confirmed that this was undertaken with staff, to promote learning as required.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to safeguarding. There were no recent records pertaining to safeguarding incidents. Discussion with the registered manager confirmed that there was a process in place to manage potential safeguarding incidents, in accordance with the regional safeguarding protocols and the home's policies and procedures.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included patients which 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 completed following each incident, care management and patients' representatives were notified appropriately. RQIA had been notified appropriately, in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. In general, the areas reviewed were found to be clean and reasonably tidy. The home was also reasonably decorated and appropriately heated throughout.

Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction. Fire evacuation plans had been completed for each patient taking into account their mobility needs and level of assistance required. These plans were reviewed monthly to ensure that they were up to date.

External general waste bins were observed to be overflowing and the lids could not be closed properly. A recommendation is made to ensure the management of waste is maintained in keeping with best practice.

### Areas for improvement

There was one recommendation made in this domain in relation to the management of waste.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

A review of four patient care records evidenced that registered nurses generally assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Assessments and care plans were completed within the recommended five day period following admission.

Three of the four care records reviewed, reflected that the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians. One care record required to be updated in relation to an identified patients' fluids consistency. A recommendation is made.

The daily care records reviewed however, they were not meaningful and were not recorded in sufficient detail to determine the current condition of patients. One patient with an indwelling catheter who required complex catheter care did not have any evidence in the daily care record of the fluid intake or output. The term, "catheter draining" was consistently recorded. There was no evidence that the catheter was being closely monitored. A requirement has been made that care records are reviewed to ensure they are up to date and currently reflect the condition of patients in keeping with best practice. A recommendation is also made that body maps are current and those no longer relevant should be removed from the care record.

A review of supplementary care records, particularly food and fluid charts, evidenced that they were not being maintained in accordance with best practice guidance, care standards and legislative requirements. They were not completed contemporaneously and there was no evidence that they were being reviewed by registered nurses. A recommendation has been made. The level of auditing should be increased in order to ensure that the issues raised in relation to care records are addressed and that the learning from the audits is embedded into practice. A recommendation has been made in this regard.

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

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff stated that there was effective teamwork. It was confirmed by staff that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Discussion with the registered manager and review of records evidenced that patients and/or relatives' meetings were held on a regular basis and records were maintained. Patients meetings are held monthly and minutes of meetings held are retained. The most recent meeting attended by patients was held on 14 July 2016. The most recent relatives' meeting was held on 18 May 2016.

The management of mealtimes is required to be reviewed in both the Beech and Sycamore units. Dependency in the Beech unit during the serving of the lunch time meal was observed to be high. Most patients were observed to need some level of assistance during this time. At times the dining room was left unattended by registered nursing staff. Tables were not set prior to the meal time and there was no evidence of a dementia focus or use of specialist equipment to assist patients to manage their meal in a dignified manner. The meal time appeared unorganised and patients were observed to leave the dining room without having consumed their full meal. One patient who spilt their juice over their dinner had their meal removed. No alternative was offered until the inspector informed the registered nurse.

Staff were observed to take time with the patients remaining in the dining room to ensure they received their full meal; however, this was a timely task and some patients' meals were observed to go cold. During discussion, with registered nursing staff it was stated that there was a need to review the management of meals and mealtimes.

The registered manager agreed to discuss the mealtimes with staff to find solutions to the above issues. Suggestions included having two sittings, changing the time of the serving of the meal or redeploying staff during meal times. A requirement is made that the management of the meal times are reviewed and that meals are served in a timely way to meet the needs of the patients. Following the review, if additional staff are required to meet the needs of the patients, this should be accommodated.

The management of mealtimes is also required to be reviewed in the Sycamore unit. It was good to observe that patients' independence was promoted during this time, but sufficient observation and direction should be implemented to ensure patients are not put at any risk. For example one patient was observed to lift their plate directly from the hot trolley without any protective equipment. Another was observed to reach for fluids by leaning over a trolley with wheels. Access to the fridges and cupboards should not be obstructed in any way during this time. The dining area was observed to be fully occupied by all patients in the unit and the space was observed to be limited. A requirement is made in this regards to managing the risk. As above consideration should also be given to staggering the mealtimes for patients to ensure they are accommodated to meet their individual needs. As above a requirement is made.

### Areas for improvement

Three requirements and three recommendations are made in this domain. The three requirements are made in relation to care planning, and the management of mealtimes. The three recommendations are made in relation to the auditing of care records, the management of supplementary records, and updating care records.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>3</b>
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### 4.5 Is care compassionate?

Staff approach and interactions with patients were observed to be compassionate and caring. Consultation with approximately 30 patients both individually and in smaller 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 offered a choice of 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. Patients consulted with stated that they knew how to use their call bells and stated that staff usually responded to their needs in a timely manner.

Patients consulted with confirmed that they were able to maintain contact with their families and friends. A range of activities were available daily to meet the individual needs of patients. Patients stated that they were able to choose which activities they wished to participate in. Discussion with the activity therapists stated that the structured programme is usually adhered to. However, if patients choose, this is changed in order to suit their preferences. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home; they are also enabled to attend their local church services where possible. A review of patient care records confirmed information about patient's background. Efforts had been made by staff to complete patients' life histories.

Discussion with the 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. Four Seasons Health Care, (FSHC) have recently introduced 'A Quality of Life Programme' which provides patients, relatives and visitors an opportunity to have their say about their experiences regarding the home. The registered manager also informed the inspector that she formally seeks views from two patients and relatives at least weekly. The findings are recorded in the home's 'TRaCA system'.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the 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. One of the questionnaires issued to staff was and eight questionnaires were returned from patients in time for their comments to be included in the report. Some comments received during the inspection process are detailed below:

### **Staff**

- "I feel well trained and supported in my role"
- "I love working here"
- "It is very busy but we usually get all done by the end of the day"
- "I think the care is good"
- "We are kept going but its ok"
- "If I need anything from management, I just have to ask"
- "I think patients are well cared for, I would recommend it to my family"
- "we would value from team meetings where we can each address our concerns"

## Patients

- “Staff are attentive”
- “When I buzz staff usually are quick to answer”
- “The food is ok, there is always a choice”
- “I keep my own food in my room as sometimes it is not available”
- “Staff can be very busy, but they are so pleasant”
- “I’m happy enough”
- “I like it here, my family visit regularly”
- “Staff are great”

Of the eight questionnaires returned, patients stated that the care they were receiving was of a high standard, there were no individual comments returned.

## Patients’ representatives

- “Very satisfied that my relative is treated with dignity and respect.”
- “I think staff so all they can, it’s a very busy place”
- “my relative is well looked after”
- “My ..... has no complaints”

Two patients raised issues regarding their care, the details of the issues raised was shared with the registered manager and regional manager during feedback. The registered manager agreed to ensure that the information is reviewed and investigated in accordance with the home’s policies and procedures and DHSSPS Care Standards for Nursing Homes 2015. Appropriate action should be taken to address any deficits identified. A recommendation is made in this regard.

## Areas for improvement

A recommendation has been made that management consider the comments made by patients and address them where necessary.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was an organisational structure within the home. 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 registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or when new guidance is issued. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and a review of the complaints record confirmed that complaints were being managed in line with DHSSPS Care Standards for Nursing Homes 2015. Consultation with patients, staff and relatives also confirmed that any minor issues are dealt with immediately. All those consulted 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.

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 who had sanctions imposed on their employment by professional bodies.

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

- falls
- wound management
- medicines management
- care records
- infection prevention and control
- complaints
- health and safety
- bedrails
- patients' weights

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 generally embedded into practice. However further improvement is required regarding the auditing of care records as previously stated in section 4.4.

An audit of patients' falls was used to reduce the risk of further falls. A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis. There was evidence that identified deficits had been followed up. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. 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.

Discussion with the registered 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. The monthly monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed. The issues raised in section 4.4 in relation to meals and mealtimes and care records should be reviewed as part of the monitoring visits. A recommendation is made in this regard.

### Areas for improvement

One recommendation is made in this domain, it is in relation to the inclusion of the review of the of meal times during the Regulation 29 monitoring reports. The requirements and recommendations made in the safe, effective and compassionate domains also link to management and governance arrangements in the well led domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lavina Harris, registered person and Lorraine Kilpatrick, Regional Manager, 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 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider must ensure that care records are reviewed to ensure they are up to date and currently reflect the condition of patients in keeping with best practice.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> The care records have been updated to ensure they currently reflect the condition of patients in keeping with best practice. Reviewing care records via Resident Care Tracas. Any issues highlighted in the Resident Tracas are reviewed by the Primary Nurse and Registered Manager to ensure compliance. Regional Manager will also spot check the Resident Care Tracas during the Reg 29 visits</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider must ensure that the management of meal times are reviewed and that meals are served in a timely way to meet the individual needs of the patients. Following the review, if additional staff are required to meet the needs of the patients, this should be accommodated.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered manager has reviewed the management of meal times to ensure that meals are served in a timely way to meet the individual needs of the patients. Staggered meal times have been implemented, which is working very well. This has enhanced the meal time experience. Registered Manager is monitoring meal times by regularly eating the dining room with the Residents and highlighting any issues with Staff through Supervision sessions.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 July 2016</p>	<p>The registered provider must ensure that sufficient observation and direction is implemented to ensure patients are not put at any risk during mealtimes.</p> <p><b>Ref: Section 4.4</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b> Registered manager has reviewed meal times to ensure that the Nurse in charge supervises meal times to ensure risks are managed</p>

<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 44.9 <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2016	The registered provider should ensure the management of waste is maintained in keeping with best practice.  <b>Ref: Section 4.3</b>
	<b>Response by registered provider detailing the actions taken:</b> Registered manager has purchased an extra bin to resolve this matter
<b>Recommendation 2</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time <b>To be completed by:</b> 20 August 2016	The registered provider should ensure that the identified care record required is updated in relation to fluids consistency.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> Identified care record has been updated in relation to fluid consistency
<b>Recommendation 3</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2016	The registered provider should ensure that body maps are current and those no longer relevant are removed from the care record.  Supplementary care records should be completed contemporaneously and evidence that they are reviewed by registered nurses.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> Registered Manager has met with all Trained Staff during a Supervision session in order to ensure that supplementary Care Records are being completed contemporaneously. Registered Manager will be checking the compliance through Residents Care Tracas
<b>Recommendation 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2016	The registered provider should ensure that the level of auditing is increased in order to ensure that the issues raised in relation to care records are addressed and that the learning from the audits is embedded into practice.  <b>Ref: Section 4.4</b>
	<b>Response by registered provider detailing the actions taken:</b> Registered manager has increased the level of auditing to ensure that the issues raised in relation to care records are addressed. 3 Resident Care Tracas are completed every week. Should any issues be highlighted through the Tracas, the Registered Manager will bring this up with Supervision
<b>Recommendation 5</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The registered provider should ensure that the disclosures from two patients shared during feedback are reviewed and investigated in accordance with the home's policies and procedures and DOH guidance and addressed where appropriate.

<b>To be completed by:</b> 30 August 2016	<b>Ref: Section 4.5</b>
	<b>Response by registered provider detailing the actions taken:</b> Registered manager has investigated the two disclosures and no further action was required
<b>Recommendation 6</b>  <b>Ref: Standard 35</b>  <b>Stated: First time</b>	The registered provider should ensure that the issues raised in relation to meals and mealtimes and care records management are reviewed as part of the Regulation 29 monitoring visits.  <b>Ref: Section 4.6</b>
<b>To be completed by:</b> 30 August 2016	<b>Response by registered provider detailing the actions taken:</b> The Registered Manager organised Residents Experience Training with staff in relation to management of meal times, this has greatly improved the residents meal time experience. Registered Manager regularly eats with residents and Regional Manager conducts Spot Checks on a regular basis

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**



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