

# Unannounced Care Inspection Report 10 March 2018



## Clandeboye

**Type of Service: Nursing Home (NH)**  
**Address: 35 Cardy Close, Bangor, BT19 1AT**  
**Tel No: 028 91 271011**  
**Inspector: James Lavery**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 52 persons.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Four Seasons Healthcare<br><br><b>Responsible Individual:</b><br>Dr Maureen Claire Royston  | <b>Registered Manager:</b><br>See box below   |
| <b>Person in charge at the time of inspection:</b><br>Upon arrival, Staff Nurse Patricia Lingad was the nurse in charge until the arrival of the manager, Annie Joy Kamlian at approximately 10.20. | <b>Date manager registered:</b><br>Annie Joy Kamlian - application received - "registration pending". |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>DE – Dementia  | <b>Number of registered places:</b><br>52   |

### 4.0 Inspection summary

An unannounced inspection took place on 10 March 2018 from 09.50 to 16.30.

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 care 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 governance arrangements for the management of staff, management of accidents and incidents, staff awareness relating to adult safeguarding and the ethos and culture of the home which focused on patient centred care.

Areas for improvement under regulation were identified in relation to the internal environment; adherence to Control of Substances Hazardous to Health (COSHH) regulations; infection prevention and control (IPC) practices; and the safe storage of medicines. An area for improvement under regulation in regards to catheter care has been stated for a second time. An area for improvement under standards was also stated for a second time in relation to supplementary care records.

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

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

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | *5          | *1        |

The total number of areas for improvement includes one area for improvement under regulation and one area for improvement under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Annie Joy Kamlian, 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 28 November 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 November 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with six patients, six patients' relatives and six staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. 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 displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 February to 4 March 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 2016/17
- incident and accident records
- five patients' care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents, care records and wounds
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 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 28 November 2017**

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 3 October 2017

| Areas for improvement from the last care inspection   |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 20 (1) (a)<br><b>Stated:</b> First time | The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers and skill mix as are appropriate for the health and wealth of patients.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the manager and review of governance records relating to monthly patient dependency assessments confirmed that suitably qualified, competent and experienced persons were working in the nursing home in such numbers and skill mix as was appropriate for the health and wellbeing of patients. |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 12 (1) (b)<br><b>Stated:</b> First time | The registered person shall ensure that all patients identified as having a wound or pressure ulcer shall have their wounds managed in accordance with The National Institute for Health and Care Excellence (NICE) guidance in relation to practice and record keeping.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the manager/nursing staff and review of care records for one patient receiving ongoing wound care evidenced that the wound was managed in accordance with NICE guidance in relation to practice and record keeping.  |                          |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that care records are kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances.</p>  | <p style="text-align: center;"><b>Met</b></p>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with nursing staff and review of care records for one patient receiving ongoing wound care evidenced that records were kept under review and revised as necessary whenever the patient's assessed needs changed.</p>  |  |   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice and that all appropriate records are available for inspection.</p>                           | <p style="text-align: center;"><b>Not met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager/nursing staff and review of care records for one patient requiring ongoing urinary catheter care evidenced deficits with regards to record keeping and care delivery. This is discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p> |  |   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (1) (b)</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that the identified care record is updated to reflect the patients care needs.</p> <p>Care plans should always be completed in a timely way following their admission to the home.</p> | <p style="text-align: center;"><b>Met</b></p>     |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for one patient confirmed that care plans had been written and/or reviewed in an accurate and timely manner.</p>  |  |   |

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| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that wound care and care record audits they are effective, meaningful and followed up where issues are identified and in compliance under the regulations.</p> | <p><b>Met</b></p>                      |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of governance records evidenced that audits were completed in an effective and robust manner.</p>  |  |  |
| <p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>   |  | <p><b>Validation of compliance</b></p> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> Second time</p>  | <p>The registered provider should review the provision of the nurse call system in bedrooms where patients are being nursed in bed.</p>  | <p><b>Met</b></p>                      |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for one patient who required bed rest demonstrated that appropriate consideration was given to the patient's access to/use of the nurse call system.</p>                   |  |  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>   | <p>The registered person shall ensure that the evaluations of care are meaningful and accurately reflects the appropriateness of the care plan.</p>  | <p><b>Met</b></p>                      |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for one patient requiring ongoing nursing interventions for pain management evidenced that care plan evaluations were completed in a meaningful and consistent manner.</p> |  |  |

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|---|--|----------------------|
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 35<br><b>Stated:</b> First time | The registered person shall ensure that the issues identified during the inspection are considered during the unannounced monthly monitoring visits by the senior management team; thus ensuring that improvements are made and appropriately sustained.   | <b>Met</b>           |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of monthly monitoring records confirmed that they had been completed in a robust and consistent manner and included comprehensive action plans with specific and measurable goals which were reviewed monthly.   |                      |
| <b>Area for improvement 4</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> First time  | The registered person shall ensure that supplementary care records are maintained accurately so as to inform of the wellbeing of the patients.   | <b>Partially met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of supplementary care records for one patient confirmed that their oral intake had been recorded accurately and consistently. However, review of repositioning records for the same patient highlighted deficits. This is discussed further in section 6.5.<br><br>This area for improvement has been partially met and is stated for a second time. |                      |

### 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 nurse in charge and the manager confirmed the planned daily staffing levels for the home. The manager advised that staffing levels were not adhered to on the day of inspection due to short notice sick leave although contingency measures to manage the situation were being followed. Discussion with the manager and review of governance records evidenced that patients' nursing dependencies were assessed at least monthly using a 'care home equation for safe staffing' (CHESS) tool. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels either during or prior to the inspection.

Discussion with the manager further confirmed 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. All staff who were spoken with expressed satisfaction in the level of support they received from the manager. One staff member commented “Annie Joy is really approachable.”

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home’s policies and procedures. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager further confirmed that an ‘adult safeguarding champion’ (ASC) was identified for the home.

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 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 manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients’ bedrooms, dining rooms and lounges were found to be warm, clean, fresh smelling and comfortable. All patients’ bedrooms were personalised with photographs, pictures and personal items. Observation of the internal environment did evidence some deficits, namely: two nurse call sockets were observed to be in poor repair; two patients’ bedroom doors had faulty handle mechanisms and one lounge window within the Dufferin suite was observed to have a missing set of wooden blinds. These observations were highlighted to the manager and it was agreed that necessary remedial action would be carried out in a timely manner. These deficits will be reviewed during a future care inspection.

Observations within the Dufferin suite confirmed that double doors which provide direct access to an electrical store were partially unlocked. Miscellaneous maintenance items were also noted on the floor of the store. Unobstructed access to this area placed patients at potential risk of harm and was highlighted to the manager who ensured that the store was secured before completion of the inspection. An area for improvement under regulation was made.

Deficits were observed in relation to infection, prevention and control practices. For instance: one patient's bedrail cover was torn and frayed; one linen store was cluttered with several items stored inappropriately alongside bed linen such as unused clinical waste bags and incontinence products; the backrest of one shower chair was significantly stained and had been ineffectively cleaned following use and the top of a cistern within one patient's en suite was not fit for purpose. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance and was highlighted to the manager. An area for improvement under regulation was made.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals. This was discussed with the manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were immediately secured before completion of the inspection. An area for improvement under regulation was made.

It was further noted that one treatment room was left unattended and unlocked by staff. This provided access to patients' medications which had not been stored securely. This deficit was highlighted to the manager and an area for improvement under regulation was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

### Areas for improvement

Four areas for improvement under regulation were made in regards to the interior environment, IPC, COSHH and the secure storage of medicines.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 4           | 0         |

## 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and 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' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing 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.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. 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 evidenced.

Review of care records for one patient for whom a form of restrictive practice was required evidenced that appropriate risk assessments, care plans and best interest records were in place and had been reviewed regularly. Such records also evidenced clear collaboration with both the patient's next of kin and the multiprofessional team. Review of supplementary records for this patient further confirmed that the restrictive practice which was prescribed was monitored by staff in an effective manner.

A shortfall was observed in relation to the management of urinary catheter care. Review of care records for one patient who required such care evidenced that although a relevant care plan stated that the drainage bag should be replaced daily, there were no consistent records of this being done. Supplementary fluid balance records for this patient were also found to be completed inaccurately with some entries found to be illegible. In addition, corresponding daily nursing entries in regards to the patient's urinary output were found to be inaccurate and did not demonstrate meaningful evaluation of the patient's condition. Discussion with nursing staff and review of a desk diary which is used for the scheduled replacement of urinary catheters also evidenced that this patient's catheter renewal date had not been recorded. Although the date for renewal was found within the patient's care record the inspector was not assured that a sufficiently robust system was in place to ensure that their catheter would be changed on the required date. These shortfalls were discussed with the manager and an area for improvement under regulation was stated for a second time.

A further deficit was highlighted in regards to the completion of supplementary care records. Review of nutritional supplementary care records for one patient did confirm that their oral intake had been recorded accurately and consistently. However, review of repositioning records for the same patient highlighted that some had only been partially completed, specifically, staff had not evidenced that all accessible pressure areas had been checked while the patient was in bed. An area for improvement under the standards was stated for a second time.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to teamwork within the home and communication with the multi-professional team.

### **Areas for improvement**

An area for improvement under regulation was stated for a second time in regards to the delivery of care. An area for improvement under the standards in relation to supplementary records was also stated for a second time.

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

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person centred manner. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

“I love it.”

“The nurses are kind.”

“It’s lovely here.”

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

At the time of writing this report, no questionnaires were returned within the specified timescales. All questionnaire comments received after specified timescales will be shared with the manager as necessary.

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans. Observation of the environment also evidenced that the majority of patients’ bedrooms displayed their ‘life story’ which further promoted patient centred care within the home. This practice is commended.

It was observed that one lounge within the Dufferin suite lacked appropriate signage which would promote patient comfort and orientation. This was highlighted to the manager and it was agreed that suitable signage would be put in place. This will be reviewed at a future care inspection.

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.

Observation of the lunch time meal evidenced that the dining areas were clean, tidy and appropriately spacious for patients and staff. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also 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 during the provision of the lunch time meal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and the patient centred ethos of the home.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 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 manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the manager and staff 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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. The complaints policy was appropriately displayed throughout the home.

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. Review of monthly monitoring visits evidenced that they had been completed in a robust and consistent manner and included comprehensive action plans with specific and measurable goals.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, the internal environment, complaints, incidents and accidents. Quality of life (QOL) audits were also completed daily by the manager.

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

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

Discussion with the manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, 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 governance arrangements for quality assurance and service delivery; management of complaints and monthly monitoring.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 Annie Joy Kamlian, 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

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|--|--|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>7 April 2018</p>             | <p>The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice standards and that all appropriate records are available for inspection.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The identified care plan has been fully re-written in detail. A reminder is now visible at the front of the desk diary to remind staff that they must dialyse the next catheter change date in the diary. The next due date is recorded on the appropriate page in the diary, this will be changed if the catheter needs to be changed prior to the original planned date with the new date recorded and the old date deleted.</p> <p>The due date of catheter change is also highlighted on the MARs chart - this will be carried forward on each change of medicine cycle or if the date is sooner than the planned date.</p> <p>An additional column has been added to the daily care sheets - this will evidence daily catheter care and if the catheter bag has been changed.</p> <p>Spot checks are being carried out by Home Manager to ensure that the above actions are being carried out.</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that all storage areas within the home which provide access to electrical systems are appropriately secured and managed in such a manner as to promote and safeguard patient safety at all times.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The identified electrical storage room was secured on the day of inspection. Inappropriate items that were stored in this room have now been removed.</p> <p>The importance of keeping this electrical door locked has been emphasised to all staff.</p> <p>The Maintenance person has been advised to check that the door locking mechanisms on all store room doors are all in good working condition on a regular basis.</p> <p>Home Manager to carry out spot checks to ensure actions above are being adhered to.</p>   |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>             | <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Infection control and prevention issues identified during the inspection have either been addressed or are currently being addressed. Supervision has been carried out with staff in relation to the storage of inappropriate items in the linen store and have been advised that only clean linen should be stored within this store. Supervision has taken place with staff in relation to keeping the home clean and equipment clean and reporting if equipment needs replaced. The identified bed rail bumper has been replaced. A replacement program has commenced to ensure that all bumpers in place are fit for use<br/>The cistern in the identified en-suite has been replaced. The Home Manager is sourcing a similar shower chair that will suit the needs of the current residents.</p> |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2)<br/>(a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>This has been addressed on the day of inspection. Staff have been reminded about their responsibilities regarding COSHH<br/>Spot checks are being carried out by trained staff and Home Manager. Compliance will also be checked during the Reg 29 visit.</p>  |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)<br/>(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>With immediate effect</p>     | <p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>The identified treatment room door was locked immediately when identified during inspection .<br/>All trained staff have been reminded of keeping treatment room doors locked securely at all times when not in use. Supervision sessions with Nurses has been carried out by the Home Manager. Compliance will be monitored by the Home Manager and during the Reg 29 visit by the Regional Manager.</p>  |

| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b> |  |
|---|--|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 4<br><br><b>Stated:</b> Second time | <p>The registered person shall ensure that supplementary care records are maintained accurately so as to inform of the wellbeing of the patients, specifically repositioning records.</p> <p>Ref: Section 6.5</p>  |
| <b>To be completed by:</b><br>7 April 2018  | <p><b>Response by registered person detailing the actions taken:</b><br/>           The care plan for the identified resident has been re-written in detail and includes frequency of repositioning and skin inspections.</p> <p>As indicated on the care plan this resident has a full skin check at appropriate times twice a day, other areas of skin that are accessible are inspected as appropriate when residents are being repositioned.</p> <p>A supervision session has been carried out with all care staff in relation to the completion of supplementary booklets. These are being checked daily by trained staff on duty and spot checks are carried out by Home Manager and Regional Manager.</p> |

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



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