



Unannounced Care Inspection Report 20 June 2018



Clandeboye

Type of Service: Nursing Home (NH)
Address: 35 Cardy Close, Bangor, BT19 1AT
Tel No: 028 9127 1011
Inspector: Lyn Buckley

www.rqia.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

Organisation/Registered Provider: Four Seasons Health Care / Dr Maureen Claire Royston	Registered Manager: Ms Annie Joy Kamlian
Person in charge at the time of inspection: 07:15 to 08:00 Registered Nurse S Calsin 08:00 to 08:50 Nursing Sister P Lingard From 08:50 Registered Manager A Kamlian	Date manager registered: 4 June 2018
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 52 The home is approved to provide care on a day basis to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 07:15 to 14:50 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 DHSSPS 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 staffing, staff recruitment, staff knowledge of adult safeguarding procedures, dementia care and their patient's care needs, moving and handling practices, the management of falls and record keeping. There was also evidenced of good practice in relation to communication between stakeholders, the culture and ethos of the home and the maintenance of good working relationships.

Areas requiring improvement were identified in relation to the management of bed mattresses and seating; management and governance arrangements regarding infection prevention and control measures, drug fridges; risks to patients, the storage of patient records and the management of behaviours that challenge staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Clandeboyne Care Home. 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	*6	3

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Annie Joy Kamlian, registered manager, and Mrs Elaine McShane, 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.

4.2 Action/enforcement taken following the most recent inspection dated 10 March 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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
- 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

During the inspection we met with three patients individually and with other in smaller groups and 16 staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives.

A poster informing visitors to the home that an inspection was being conducted was displayed on the foyer of the home. A poster was provided for display in the staff room; inviting staff to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to enable patients relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for all staff from 11 to 24 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
- incident and accident records from 1 April 2018
- one staff recruitment and induction file
- five patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 10 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) Stated: Second time To be completed by: 7 April 2018	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.	Met
	Action taken as confirmed during the inspection: Review of patient records and discussion with the registered manager evidenced that this area for improvement had been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: Observation of the home's environment evidenced that this area for improvement, as stated, had been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: The last care inspection report stated that the back rest of an identified shower chair had not and could not be effectively cleaned and required to be replaced. It was concerning that the identified shower chair was still in use with a heavily stained backrest that evidently not been effectively cleaned between each patient use or replaced.</p> <p>During feedback it was confirmed that a request for a replacement shower chair had been made. However, because the shower chair was still in use this area for improvement has only been partially met. The registered manager was asked to ensure the shower chair was removed unless it could be effectively cleaned/decontaminated between patients in accordance with infection prevention and control (IPC) regional practice guidance.</p> <p>Observation, review of records and discussion with the registered manager evidenced that all but one element of this area for improvement, as stated, had been met and is therefore assessed as partially met. Following discussion with senior inspectors we made two areas for improvement regarding the shower chair and other inspection findings regarding IPC. Refer to section 6.4</p>	<p>Partially met</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: During this inspection we observed that the treatment room and a sluice room containing cleaning products, in the Dufferin Suite, had been left unlocked. Staff spoken with said the doors were unlocked to enable ease of access. Staff did lock the identified doors after we spoke with them. Despite the assurances provided in the returned QIP it was concerning that staff did not recognise the potential risk of harm to patients. This area for improvement has not been met and is stated for a second time and an area for improvement in relation to staff training/awareness has also been made.</p>	<p>Not met</p>
<p>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</p>		<p>Validation of compliance</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: During this inspection we observed that the treatment room in the Dufferin Suite had been left unlocked. Staff spoken with said the doors were unlocked to enable ease of access but did lock the door after we had pointed out the risks. The treatment room door in the Stewart Suite was observed to be locked. Despite the assurances provided in the returned QIP it was concerning that staff did not recognise the potential risk of harm to patients. This area for improvement has not been met and is stated for a second time and an area for improvement in relation to staff training/awareness has been made.</p>	<p>Not met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 7 April 2	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. Action taken as confirmed during the inspection: Review of supplementary care records such as food and fluid intake charts and repositioning charts and discussion with staff evidenced that this area for improvement had been met.	Met

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 and the nurse in charge of each shift confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 11 to 24 June 2018 evidenced that the planned staffing levels were generally adhered to and that short notice leave was appropriately managed. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. However, one staff member raised a concern regarding the staffing arrangements for the night duty shift in one of the Suites, particularly from 20:00 to 23:00 hours; they agreed to discuss their concerns with the registered manager. Review of the duty rotas and discussion with the registered manager evidenced that a twilight shift was planned for each Suite but was not always fulfilled. The registered manager confirmed they were actively recruiting to cover the twilight shifts and confirmed that when only one twilight care assistant was available then they worked in the Dufferin Suite. It was agreed that staff would be made aware of this arrangement to avoid confusion.

We also sought staff opinion on staffing via the online survey. However, there were no responses received before this report was issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Clandeboye Care Home. Patients unable to express their opinion were observed to be relaxed in any interactions with staff and their personal care needs were being met. Nurse call bells were observed to be responded to in a timely manner.

We also sought the opinion of patients' relatives/representatives regarding staffing in the home via questionnaires. Four completed questionnaires were received before this report was issued. Responses recorded indicated that they were either satisfied or very satisfied that there was enough staff. One relative commented, "Recently there appears to be less agency staff so as a result care is better...staff with knowledge is very important."

As stated previously, 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.

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records and discussion with the registered manager also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. The registered manager operated a system to ensure all staff attended mandatory training and the arrangements were monitored by senior management. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Observation of the delivery of care in relation to moving and handling of patients and the staff knowledge of dementia care evidenced that training had been embedded into practice. Staff spoken with were also knowledgeable regarding their roles and responsibilities toward adult safeguarding and their duty to report concerns. However, despite training concerns regarding staff practice relating to infection prevention and control measures and the management of risks were identified. As stated previously in section 6.2 staff were not aware of the risk to patients by leaving the treatment room and sluice room doors unlocked/open; and staff continued to use a shower chair that could not be effectively cleaned between each patient despite the previous care inspection in March 2018 identifying the same issue. Areas for improvement were made.

We observed staff throughout the inspection regarding infection prevention and control practices. A number of concerns relating to practice were identified. For example, a care assistant was observed to remove full clinical waste bags from Dufferin Suite using a patient's wheelchair. The care assistant was not wearing any personal protective equipment (PPE), such as apron and gloves, to undertake this task and was returning the wheelchair to the patient's bedroom without decontaminating it when the inspector asked the nurse to intervene. Other examples included the inappropriate storage of patient equipment in sluice rooms; the clutter and staff property observed stored in Stewart Suite treatment room and the drug fridge in Dufferin Suite that contained what was evidently staff food and drinks. As stated previously, staff spoken with were aware of their role and responsibilities regarding IPC and the management of drug fridges but the observed practices evidenced that they did not adhere to best practice consistently.

Training records for 2018 evidenced that staff had received training in IPC measures but it was evident that this training had not been embedded into practice or monitored. The registered manager and regional manager were provided with detailed feedback and they commenced a review of IPC audits and governance arrangements before the conclusion of the inspection. While this action was reassuring areas for improvement were made regarding IPC measure and governance arrangements and the management of drug fridges.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated and clean throughout. We observed a number of bedroom doors in one Suite to be held closed with plastic aprons tied to the door handles. This practice was discussed with the registered manager who advised that the bedrooms were empty and the purpose of the 'tie' was to prevent patients from entering the bedrooms. The registered manager agreed to review this practice as it was unsightly, a potential risk and unnecessary if behaviours that challenged staff were managed appropriately. An area for improvement was made.

A strong malodour which had permeated the corridor outside one bedroom was identified. On examination it was evident that the seat cushion of a chair in the bedroom was malodourous. The registered manager and the inspector examined the patient's bedroom after the patient was got up to sit in the lounge and staff had made the bed. It was evidenced that the bed mattress was also malodourous. Further examination evidenced that the waterproof covering was still effective, therefore the cause of the malodour remained on the outer surface of the mattress cover which, the registered manager agreed, had not been effectively cleaned following incontinence. An area for improvement was made.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These risk assessments informed the care planning process. For example, risk assessment regarding the use of bed rails were completed as required and reviewed regularly. Records of bedrails checks were maintained when the bedrails were in use; a care plan reflected the risk assessment and was evidenced to be reviewed regularly.

We reviewed accidents/incidents records from 1 April 2018, in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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. 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 nursing staff and the registered manager there was evidence of proactive management of falls. Staff were aware of the need to report falls to the nursing in charge of each unit and to ensure the environment of the home was keep free of trip hazards such as equipment flexes.

The day duty nurse in Dufferin Suite was commended for identifying that the post falls analysis for a patient, who had sustained a fall overnight, had not been completed in full. The day duty nurse had made the required improvements which included review of the patient's falls risk assessment and care plan, before reporting to the registered manager. This demonstrated clearly the nurse's knowledge of best practice guidelines and the home's procedures regarding

the management of falls; This is good practice and details were provided to the registered manager during feedback.

A review of patients' records evidenced that appropriate risk assessments had been completed prior to the use of potential restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons. Risk assessments informed the patient's care plan and both were reviewed regularly.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, staff knowledge of adult safeguarding procedures and of dementia care, moving and handling practices and the management of falls.

Areas for improvement

Areas for improvement were identified in relation to the management of bed mattresses and seating, management of infection prevention and control measures, management of drug fridges management of identified risk and management of behaviours that challenge staff.

	Regulations	Standards
Total number of areas for improvement	4	2

6.5 Is care effective?

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

Review of five patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, falls, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and review of five patient care charts evidenced that a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT), tissue viability nurse (TVN) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the TVN, SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of regular communication with representatives within the care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients/relatives, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 07:15 hours and were greeted by staff who were helpful and attentive. Some patients were already up, washed and dressed for the day. Staff spoken with were able to explain the reason for each patient being up at this time. Patients were observed to be relaxed and comfortable, one patient confirmed they were content and had had a cup of tea. We reviewed two patient care records in relation to early rising and the explanation given by the staff was reflected in the patients' care plans.

Breakfast was available from 08:00 hours and was served either in the dining room or in the patient's bedroom if they preferred. Mid-morning drinks and a snack were served and patients in the lounge said that they enjoyed their meals. Staff were observed to adjust /modify fluids in keeping with specific care needs. Patients in lounges and bedrooms had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff were also aware of the requirements regarding patient information and patient confidentiality. However, in a room adjacent the front door of the Dufferin Suite an unlocked room, observed to be used by staff to store their coats and bags, contained several boxes of patient records. The registered manager confirmed that the records were being collated to go to archive. It was agreed that the room would kept locked at all times to secure patient records and that staff should use the staff room to store their coats and bags. Before the conclusion of the inspection the agreed actions had been implemented; the room door was locked and staff items had been removed. An area for improvement was made.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Lounges and dining rooms had been decorated in keeping with the room's use and provided a choice of seating arrangements. A variety of methods were used to promote orientation, for example appropriate signage, photographs, pictures and the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in the Stewart Suite. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Sincere thanks to all nurses and care staff for all the care and attention to ...We are deeply appreciative of how... was looked after and we could not have asked for better."

"Thank you for all you did for... making [their]life more bearable than could have been done at home. You are truly angels in disguise."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Patients able to express their opinion said that they felt safe and happy living in Clandeboye Care Home. 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.

Ten relative questionnaires were provided; four were returned within the timescale. All four indicated that they were satisfied or very satisfied with the care provided across the four domains; is care safe, is care effective, is care compassionate and is the service well led.

Staff were asked to complete an on line survey, we had received no responses before the issue of this report. Staff comments made during the inspection are included throughout this report.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date or issue of this report will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy the knowledge of the staff in relation to patient care needs.

Areas for improvement

An area for improvement was identified in relation to the storage of patient records.

	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.

The certificate of registration issued by RQIA was displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last care inspection Ms Kamlian registration as the manager was approved by RQIA on 4 June 2018. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with the registered manager and staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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 equality data collected was managed appropriately and the registered manager was aware of the availability of the Equality Commission for Northern Ireland for guidance and advice if required. The registered manager also confirmed that staff were required to undertake equality and diversity training.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition measures were in place to provide the registered manager with an overview of the management of infections, wounds, and falls/incidents occurring in the home. An area for improvement was made previously in section 6.4 regarding IPC practices, this included reviewing the effectiveness of monitoring and governance arrangements.

Discussion with the registered manager and review of records for 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection within this domain.

	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 Ms Annie Joy Kamlian, registered manager, and Mrs Elaine McShane, regional 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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that the identified shower chair is repaired or replaced to ensure it can be effectively cleaned/decontaminated between each patient.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Identified shower chair has been replaced and a decontamination schedule has been implemented.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</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: 6.2</p>
	<p>Response by registered person detailing the actions taken: A supervision session has been carried out with staff including agency staff, emphasizing the importance of keeping any room that is used to store chemicals such as sluice doors and treatment rooms are locked at all times when not in use. Regular spot checks are carried out by the Home Manager and/or Nurse-in-charge. New signage has been put in place to alert staff to keep doors locked.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all medicines are stored safely and securely at all times.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: A supervision session has been carried out with staff including agency staff, emphasizing the importance of the treatment room door locked at all times when not in use. Regular spot checks are carried out by the Home Manager and/or Nurse-in-charge. New signage has been put in place to alert staff to keep treatment room doors locked.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that all staff, commensurate with their role and function, are aware of and act appropriately in relation to avoidable and unnecessary risks to patients. For example, that all chemicals, including medications, are stored in a secure place and that infection prevention and control risks are identified and eliminated or reduced.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: A supervision session has been carried out with staff emphasizing the importance of keeping all medication including thickening agents in a secure, locked room. Regular spot checks are carried out by the Home Manager and/or Nurse-in-charge.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that bed mattresses and seating are effectively cleaned following incontinence to eliminate preventable malodour.</p> <p>Where the integrity of a waterproof covering is identified as being compromised, it should be replaced in keeping with infection prevention and control guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision has been carried out with staff in relation to effective cleaning of mattresses and seating. A decontamination schedule for cleaning mattresses and seating has been implemented and spot checks are carried out by Home Manager.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that suitable arrangements to minimise the risk of infection and toxic conditions and spread of infection between patients are in place, adhered to consistently and monitored to ensure compliance.</p> <p>Governance arrangements for infection prevention and control should be reviewed to ensure they are effective in capturing deficits in practice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Supervision has been carried out with staff in relation to the transport of waste bags and wearing of Personal Protective Equipment (PPE), and decontamination of equipment. A decontamination schedule is in place and spot checks are carried out by the Home Manager.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required.</p>	<p>The registered person shall ensure that the use of drug fridges is monitored regularly to ensure only drugs requiring refrigeration are stored in them.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A supervision session has been carried out with Registered Nurses in relation to medicine fridges and inappropriate storage. New signage in place on fridge doors to remind staff. Home Manager spot checks for compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 26</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the practice of 'tying' doors of bedrooms is reconsidered.</p> <p>Where behaviours that challenge staff are identified, for example patient entering empty bedrooms, that the behaviours are managed appropriately.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Practice of tying doors of empty bedrooms was discontinued immediately. Supervision was carried out with staff to monitor and assess residents needs - to identify triggers and manage behaviours that challenge staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient records are stored in a confidential manner at all times to ensure the patients' rights to privacy and dignity are upheld.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The archive store room is kept locked at all times. Home Manager/Nurse in Charge monitor on a daily basis on the daily walkaround audit.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care