



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Clifton Nursing Home
Establishment ID No:	1073
Date of Inspection:	5 November 2014
Inspectors' Names:	Sharon Loane & Lorraine Wilson
Inspection ID:	IN020859

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Clifton Nursing Home
Address:	2a Hopewell Avenue Belfast BT13 1DR
Telephone Number:	028 9032 4286
E mail Address:	Manager.clifton@runwoodhomes.co.uk
Registered Organisation/ Responsible Individual	Runwood Homes Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Miss Nicola Scovell, Acting Manager
Person in Charge of the Home at the Time of Inspection:	Miss Nicola Scovell, Acting Manager
Categories of Care:	NH-DE, NH-I, NH-PH
Number of Registered Places:	100
Number of Patients Accommodated on Day of Inspection:	94
Scale of Charges (per week):	£581.00-£716.00 per week + top up of £ 30.00 per week for general nursing & £35.00 per week for dementia.
Date and Type of Previous Inspection:	14 August 2014 Primary Announced Inspection
Date and Time of Inspection:	5 November 2014 09.30- 17.40 hours
Name of Inspectors:	Lorraine Wilson Sharon Loane

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with regional area manager
- Discussion with the nurse manager (Acting)
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with three visiting relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback

1.3 Inspection Focus

RQIA undertook this inspection following information received from the commissioning trust in relation to the use of restrictive practice which had been identified by a trust representative during a visit to the home.

The inspectors undertook a focused inspection and reviewed information relating to the identified issues.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Clifton Nursing Home is situated in Carlisle Circus, Belfast. The nursing home is operated by Runwood Homes.

The current manager is Miss Nicola Scovell, has been issued with an application form for registration by RQIA. Upon receipt of a completed application form, the registration process will commence.

Accommodation for patients is provided on three suites, Benn Suite is situated the ground floor, Toby Hurst is on the first floor and Donegal Suite is on the second floor of the home.

Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided within each suite.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The home has a hairdressing facility, a designated area for worship, a conservatory and a secure garden.

The home is registered to provide care for a maximum of 100 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
DE	dementia care to a maximum of 40 patients accommodated within the dementia unit on the ground floor.

3.0 Summary

This summary provides an overview of the services examined during an unannounced focused care inspection to Clifton Nursing Home. The inspection was undertaken by Sharon Loane and Lorraine Wilson on 5 November 2014 from 09.30 hours to 17.40 hours.

The inspectors were welcomed into the home by Miss Nicola Scovell, acting manager who was available throughout the inspection. Miss Nicola Scovell, will be referred to in the report as the manager.

Verbal feedback of the issues identified during the inspection was given to Mrs Norma McAllister, regional manager and Miss Nicola Scovell, manager, at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were not reviewed during this care inspection, and will be examined in full during the next care inspection of the home.

During the course of the inspection, the inspector met with patients, staff and two visiting relatives. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspectors reviewed the home's management and governance arrangements, staffing rosters, care practices specifically in relation to restrictive practices, and care records of three patients. The dining experience for patients specifically in Benn Suite and specific areas of the environment were also examined.

Details of the inspection findings can be found in the main body of the report.

A number of the issues identified during this inspection had previously been highlighted in November 2013, prior to Runwood operating the home.

As a result of the issues identified during this inspection, the Regulation and Quality Improvement Authority (RQIA) have concerns that the quality of care and service within Clifton Nursing Home falls below the minimum standard expected. This was with regard to the quality of nursing and specifically the use of restrictive practice for patients, the provision of food and fluids for patients, staffing arrangements, and fitness of the premises with specific regard to cleanliness.

The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to the registered provider who was invited to attend a serious concerns meeting at RQIA on the 13 November 2014. The company submitted an action plan detailing how they plan to address the identified deficits. A follow up monitoring inspection will be undertaken to monitor the progress made.

Six requirements were made as a result of this inspection. Two recommendations were also made. Details can be found in the main body of the report and attached

quality improvement plan (QIP). To enable the requirements to commence from the date of inspection, urgent action information was issued to the deputy manager on conclusion of the inspection.

The inspectors would like to thank the patients, visiting relatives, manager and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

The requirements and recommendations made as a result of the previous inspection were not reviewed during this care inspection, and will be examined in full during the next care inspection of the home.

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

RQIA received information from the commissioning Trust in relation to the use of restrictive practice. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust and at the time of inspection were currently ongoing.

RQIA are not part of the investigatory process, however, the commissioning trust and the manager of the home have agreed to update RQIA at all stages of the investigations.

5.0 Areas Examined

5.1.1 Management and Governance Arrangements

Runwood Homes commenced operating Clifton Nursing Home in January 2014.

Since the company commenced operating there have been management changes and Miss Scovell, the current manager commenced employment in the home in August 2014, and is supported by a deputy manager who had recently been appointed.

5.1.2 Staffing Arrangements

A review of the staff duty rosters for the period from 05 – 08 November 2014 evidenced that the numbers and skill mix of staff on duty was in accordance with RQIA minimum staffing guidance.

However, the rotas also evidenced a high reliance on the use of agency staff for day and night registered cover, predominately in Benn Suite, and it was evident that these arrangements were clearly impacting on the quality and continuity of patient care in Benn Suite. Further information in relation to how staffing is impacting patient care is outlined in section 5.2.2.

Concerns were also identified regarding the lack of consistent management oversight and monitoring of care practices principally in Benn Suite.

One visiting relative who spoke with the inspectors discussed the impact the continuous changes in nursing staff was having on their relative and them as a result of having to communicate with so many different nursing staff.

There was insufficient evidence to confirm that agency nursing staff had received sufficient information in respect of the policies and procedures pertaining to the company. A requirement has been made.

These issues were discussed with the manager who confirmed that a recruitment drive was ongoing within the company, and that four recent nursing appointments were due to commence employment within the next few weeks. In addition confirmation was provided that the use of agency staff was to be reduced.

The issues identified in relation to staffing were discussed with the area manager and manager during feedback and a requirement to address them has been made. An urgent action note was also issued on the day of inspection.

Duty rosters are to be submitted to RQIA for weeks commencing 10 – 30 November 2014 inclusive. This information is included in requirement 1.

5.2 Health & Welfare of Patients

5.2.1 Care Practices

The three nursing units were visited, care practices were observed, a sample of care records was examined and a sample of patients, relatives and staff were consulted. Staff were observed quietly attending to the patients' needs.

There were a number of patients being nursed in bed in each of the units, and some patients were observed in lounges and bedrooms.

Patients consulted, generally commented positively in regard to the care they received and the caring attitude of the staff. The inspectors spoke at length with one patient in Benn Suite who described how a patient entering their bedroom uninvited was causing annoyance. The patient advised that as the call bell they had was not in working order they were unable to call for assistance.

Both issues were discussed with the manager who confirmed that the patient's concern in relation to interruptions had been discussed with them and alternative options regarding relocation of a bedroom had been declined. However, the manager was unaware that the patient's call bell was not in working order. An assurance was provided that this would be immediately addressed, and further discussions would also be held with the patient in relation to her concerns around interruptions and annoyance.

Prior to the inspection, RQIA had received information from the commissioning trust representatives regarding the use of lap belts. The manager and area regional manager advised that no patients were using lap belts.

However, in each of the three units, patients were observed seated in a specialist chair with a lap belt in place.

The home had a policy approved by the responsible individual in respect of restraint and restrictive practice, however, the policy guidance was not operating in practice.

In Benn Suite, one patient's care record did not reflect best practice guidance in respect of restrictive practice. A review of the care practice also identified that it did not meet with best practice in relation to the use of a lap belt, in that there was no evidence that there were frequent checks of the patient when the lap belt was in use.

In Toby Hurst Suite, one patient was observed with a lap strap in use despite the patient's care records identifying that using a lap belt could pose a risk of harm to the patient. It was concerning that staff were not adhering to the instructions recorded in the care plan regarding lap belt use. In addition there was no record of discussions which had been held with the patient's next of kin with regard to restrictive practice and the risks associated with the use of a lap belt.

In Donegal suite one patient was observed with a lap strap in place. The patient's next of kin who was visiting described to inspectors an inconsistent approach to the use of the lap belt.

Examples were provided when there had been occasions when the belt was not in use during visits, whilst on other occasions it was, the relative further advised that they had not been involved in any decision making consultation regarding the use of the lap belt. Nursing staff confirmed during discussion that a lap belt was not required. However, care records had not been updated to reflect this information.

It is the responsibility of the registered persons to ensure that any decision(s) about the use of restraint and or restrictive practices and the actions taken are decided upon in the context of nursing homes legislation, codes of practice and other professional standards, policies and guidelines relevant to the nursing home. Individual patient records must reflect evidence based practice, and nursing staff must ensure that care is delivered in accordance with the care plan.

Verbal feedback was given to the regional area manager and to the manager. In addition, an urgent action note was left with the home on the day of inspection requiring a review of restrictive practices and effective records to be implemented where practices such as the use of lap belts were required.

One relative who met with the inspectors described frequent occasions when they had visited their relative at lunch time and the patient was still in bed. The inspectors also observed that a number of patients who were being nursed in bed in each of the units. This practice should be kept under review by management.

Three male patients in Benn suite were not well presented as they had not been shaved. This was discussed with care staff who advised that the patients did not have a sufficient supply of razors. Two patients were also observed with dirty fingernails.

A lack of focus on care delivery of patients with dementia was also observed. This was discussed with the area manager and manager during feedback. A requirement has been made to ensure that the care of patients with dementia is reviewed to ensure there is a focus on the dementia needs of each patient and how their dementia needs impact on their daily life.

5.2.2 The management of dehydration & fluid intake

A review of the fluid records of two patients in Benn Suite identified a number of shortfalls, for example, fluid intake was not being achieved and or recorded in a timely way.

In addition the care records reviewed did not outline the action which had been taken in respect of patients' who had not received their fluid target. This was discussed with a nurse in Benn Suite who confirmed that she would make contact with the specific General Practitioner in respect of one patient who had a poor oral intake.

Prior to the conclusion of the inspection the nurse confirmed that contact had been made with the patient's General Practitioner the previous day; however there was no record of the contact recorded in the patient's care record. A recommendation has been made in respect of record keeping.

Two systems to record fluid intake were observed. A paper record and a computer record were being used to record fluid intake. Both systems identified inconsistencies and

inaccuracy in recording. This was discussed with the manager during inspection and again during the meeting held in RQIA. An assurance was provided to RQIA post inspection that staff had been instructed to use paper recording systems when recording fluid intake to avoid confusion.

The serving of mid-morning snacks was discussed with staff who advised that due to other personal care duties there was insufficient time to offer patients hot and cold drinks mid-morning. This practice was discussed with management and is in urgent need of review. A requirement has been made.

5.2.3 Safeguarding

In accordance with legislation and RQIA notification procedures, RQIA had been informed of a safeguarding issue raised by the commissioning trust in respect of restrictive practice. This is currently ongoing.

An update on the current status of the investigation was provided. The manager agreed to ensure that RQIA was kept informed of the investigation outcome.

5.2.4 Meals and Mealtimes

Patients were observed having breakfast in Benn Suite. During breakfast the patients were observed seated in the dining room, with bowls of porridge and a cup of tea, one patient was observed having a boiled egg and toast.

The dining tables were not appropriately set, as no place settings, crockery and cutlery settings were in place. In addition, there was no evidence of leadership and direction provided by nursing staff during the breakfast service.

The management of the lunch service in Benn Suite was discussed with care staff who advised that patients placed in specialist seating were not brought to the dining room as it was easier to facilitate the meal service in the lounge.

There was no menu choice available to patients including those patients receiving a therapeutic diet, in addition the menu served did not correlate with the meal served.

The overall dining experience was not in accordance with best practice for dementia care. The deficits in practice impact on the health and welfare of the patients and are unacceptable.

In Toby Hurst Suite, a few patients who were nursed in bed were being assisted with lunch in their bedroom. In the main assistance was provided in accordance with good practice. However, an agency nurse who was assisting a bed bound patient with their lunch had another patient's lunch on the same tray. When this was queried with the agency nurse, the explanation provided given for the practice was that "it was easier".

During a previous RQIA inspection similar shortfalls in respect of the management of meals had been identified. It is concerning that these issues had not been addressed.

The registered person should ensure that the management of meal service is reviewed throughout the three units of the home. In addition there should be day to day management oversight during meal service and poor practice challenged.

The issues identified in relation to the management of meals were discussed with the area manager and manager during feedback and a requirement to address them has been made. An urgent action note was also issued on the day of inspection.

5.2.5 Social Care

There was evidence that processes were in place to meet the patients' social and spiritual needs.

Two full time designated activity staff are involved in ensuring the social needs of patients are met. On the day of inspection, a number of male patients from the three units attended a luncheon club. This enabled the patients to meet socially and have discussions about ongoing day to day issues.

The hairdresser was also in the home and a number of female patients enjoyed having their hair set. The ladies confirmed that they enjoyed this service and enjoyed the sense of well-being in having hair treatments.

5.2.5.1 Spiritual Care

On the afternoon of the inspection a number of patients were attending a religious service in the home's designated church/chapel. Patients were observed taking part in the singing and interacting with the person leading the service.

6.0 Environment

The inspectors undertook a tour of the home and the following issues were identified.

A significant number of areas particularly in the Benn Suite required a deep clean. Malodours were evidenced in a number of identified bedrooms and bathrooms and shower rooms were being inappropriately used for storage.

The inspectors were unable to evidence the cleaning regime as there was no cleaning schedule in place. Infection prevention and control breaches were also identified as a once only used syringe was observed sitting on a bedside table. The inspectors were unable to evidence that quality audits were being undertaken in respect of cleanliness and hygiene and infection control.

A more systematic and robust approach to quality auditing must be implemented. Both these issues were discussed with the manager and requirements have been made.

In order to ensure the standard of cleanliness in the home is improved, ancillary domestic hours require to be increased. This was discussed with area manager and manager during feedback and a requirement has been made.

In acknowledging that decoration had taken place in some areas of the home, for example, the corridor areas in Benn Suite, there were a number of identified areas where redecoration was required. Confirmation was provided post inspection that a decoration plan to upgrade the facilities has been implemented and the dementia environment is to be reviewed.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Nicola Scovell, manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Sharon Loane
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

Clifton Nursing Home

5 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Nicola Scovell, manager during and after the inspection visit.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20(1)(a)(b)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;</p> <p>(b) ensure that the employment of any persons on a temporary basis at the nursing home will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs.</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> • staff duty rosters are submitted to RQIA for the periods from 10-30 November 2014 with confirmation that the rosters have been worked. • agency staff working in the home receive information and effective training in relation to Runwood company policies and procedures. • ancillary staffing hours are increased to meet the needs of the home <p>Ref 5.1.2 and 6.0</p>	Two	<p>We have now fully recruited a full complement of Registered Nurses (two RNs awaiting Accesss NI) and Care Assistants</p> <p>All Agency Staff now have a full induction completed on their first assignemnt to home where their services are required. The Home also gets a fully completed profile of each agency staff to ensure they meet the expected regulatory requirements.</p> <p>Patients handover sheet will be compiled for agencies especially those who do not work in the home regularly 24/12/14 handover completed in all units and copys available</p> <p>Straff Dutry Rosters for 10 - 30 November 2014 have been submitted to RQIA separately</p> <p>24/12/14 - Ancilliary staff hours (housekeeping and laundry)</p>	From date of inspection

				have been increased.	
2.	12 (1)(a)(b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <p>(a) meet his individual needs;</p> <p>(b) reflect current best practice;</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> • a review of restrictive practices within the home is undertaken • care records effectively reflect the assessment need and decision making in respect of any form of restrictive practice, such as the use of lap belts. • individual patient records reflect evidence based practice, and nursing staff ensure that care is delivered to patients in accordance with their individual care plan. • the care of patients with dementia is reviewed to ensure there is a focus on dementia and how each patients’ dementia needs impact on their daily life. • call bells in use must be in working order at all times • male patients should have sufficient shaving equipment to enable personal care to be provided • the practice of nursing patients in bed should be kept under review by 	Two	<p>24.12.2014 All patients identified to have restrictive practices have been reviewed. There are now no patients using lap belts within the home; those patients previously using sensor mats and bed rails are now in the process of being reassessed in conjunction with the multi-disciplinary team (Target Date for completion 20.02.2015).</p> <p>24/12/14 Twenty Patient Care Plans on Benn Suite are now being re-written on paper documentation (Target Date for Completion 20.02.2015)</p> <p>All staff have been instructed to complete their e-learning in dementia care by the 7th January 2015. Those that have completed the e-learning dementia care will be attending demntia care workshops on the 8th January 2015 and will be ongoing. This is mandatory training for all staff and should help staff in formulating individual care plans.</p>	From date of inspection

		<p>management and the decision making for this practice effectively recorded in individual care records.</p> <p>Ref 5.2.1, 5.2.2 and 5.2.4</p>		<p>Staff have been instructed to ensure that all patients who use call bells have a call bell within ease reach and that it is in full working order - faulty call bells to be reported to maintenance person immediately for repair. Management team will carry out random checks during a span of duty (Daily Floor Audit). This is then supported by monthly checks by the maintenance person.</p> <p>Patients who are currently being cared for in bed, are now being reviewed to ensure that their needs are appropriately being met. Any patient who needs to be cared for in bed would have the decision making practice effectively recorded in each individual's care records.</p> <p>Key worker system is now in place in all suites and keyworkers are now responsible for notifying Next of Kin when patients are running out of personal hygiene supplies or need more clothing items.</p>	
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3.	12 (4)	<p>The registered person shall ensure food and fluids –</p> <ul style="list-style-type: none"> (a) are provided in adequate quantities and at appropriate intervals (b) provide choice for the patients: and (e) that the menu is varied at suitable intervals <p>By ensuring that:</p> <ul style="list-style-type: none"> • hot and cold drinks and snacks are offered and provided to all patients at customary intervals for example, during mid– morning periods. • the nursing home delivers services effectively on a day-to-day basis in accordance with legislative requirements, DHSSPS Minimum Standards, and other standards set by professional bodies and standard setting organisations in relation to the management of meals served, and this is monitored by the manager of the home <p>Ref 5.2.2 and 5.2.4</p>	Two	<p>Staff meeting to discuss patients' meal time experience and how best to ensure high standards at all times has been held.</p> <p>Protected mealtimes implemented and are adhered to with regards to telephone calls. Staff encouraging GP to avoid visiting the home at mealtimes.</p> <p>Staff are now allocated to take the lead on specific duties, for example, responsible for teas and meal times to ensure that these are effectively organised to ensure patients have access to drinks and meals in a timely manner. Drinks and snacks are available at all times.</p> <p>Dining tables are set appropriately with condiments/cutlery etc which is allocated to staff on allocation sheet</p> <p>Menu has been reviewed and patients's likes and dislikes are being collated and this would be kept in a folder in each</p>	From date of inspection
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				<p>kitchennette for staff to use.</p> <p>Pictorial menus with large writing being put in place and changed daily</p> <p>Nutrition charts are completed contemporaneously, and appropriately and action taken as necessary. . Manager spot checking completion daily. Trained staff checking completion of nutrition charts daily at the end of each shift. Patients' nutrition intake is also recorded on the 24 Hour Handover sheet for all staff to be aware where there are issues of concern. The 24 Hour Handover sheet is then passed onto the manager to review daily.</p> <p>Mealtime checklist is in place and monitored by managers. Any deficits are recorded and actioned</p>	
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4.	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <ul style="list-style-type: none"> • the registered person should ensure that working practices are systematically audited to ensure they are consistent with the home’s documented policies and procedures, and action is taken when necessary. • infection control and cleaning audits are undertaken <p>Ref 5.2.1,5.2.2,5.2.4,6.00</p>	Two	<p>Management team carrying out Daily Floor Audits and action taken where there are any identified shortfalls.</p> <p>A deep cleaning schedule is now place Daily cleaning schedule implemented and signed off by the manager.</p>	From date of inspection
5.	27(2)(d)	<p>The registered person shall, having regard to the number and needs of the patients, ensure that</p> <p>(d) all parts of the nursing home are kept clean and reasonably decorated.</p> <p>Ref 6.00</p>	Two	<p>A deep cleaning schedule is now place</p> <p>Daily cleaning schedule implemented and signed off by the manager.</p> <p>Decoration plan is in place</p>	From date of inspection

6.	30(1)(d)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of</p> <p>(d)any event in the nursing home which adversely affects the wellbeing or safety of any patient;</p> <p>By ensuring that:</p> <ul style="list-style-type: none"> the outcome of one safeguarding investigation is submitted to RQIA. <p>Ref 5.2.3</p>	One	<p>RQIA now being notified of any event that adversely affects the wellbeing or safety of any patient.</p> <p>With regard to the specific safeguarding investigation, once investigation is complete, the outcome will be forwarded to the RIQA. Strategy meeting planned for 7th January 2015.</p>	Upon completion of the investigation
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Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5.6	<p>Ensure patients' contemporaneous nursing records are accurately completed at all times in accordance with record keeping guidance provided by the nursing regulator. (NMC)</p> <p>Ref 5.2.1 and 5.2.2</p>	One	<p>All suites are now completing paper fluid and nutritional charts instead of using EPI Care (computer). This is to ensure records are completed contemporaneously and ensure accurate records are in place. The nurse in charge of the suite are signing the charts at the end of the shift and night staff are totalling the fluid for the 24hr period at midnight and making an entry in the diary if targets are not met for the nurse on the next day to follow up. The manager will be monitoring the fluid intake records every Monday morning. The manager is also carrying out random checks daily and take action if necessary</p>	From date of inspection
2.	34.1	<p>Ensure once only syringes are disposed of after use.</p> <p>Ref 6.0</p>	One	<p>All staff have been made aware that syringes are for once only use.</p>	From date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Nicola Scovell
Name of Responsible Person / Identified Responsible Person Approving Qip	Logan Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Heather Sleator	18 May 2015
Further information requested from provider			