

Unannounced Secondary Care Inspection

Name of Establishment:	Colinvale Court
Establishment ID No:	1074
Date of Inspection:	17 July 2014
Inspectors' Name:	Heather Sleator and Donna Rogan
Inspection ID	17031

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Colinvale Court
Address:	Glen Road Belfast BT11 8BU
Telephone Number:	0289060 4316
E mail Address:	louisvillegroup@hotmail.co.uk
Registered Organisation/ Registered Provider:	Raymond Murphy
Registered Manager:	Stephanie Shannon
Person in Charge of the Home at the Time of Inspection:	Stephanie Shannon
Categories of Care:	DE - dementia
Number of Registered Places:	50
Number of Patients Accommodated on Day of Inspection:	49
Date and Type of Previous Inspection:	Primary Announced Inspection 10 and 11 May 2013
Date and Time of Inspection:	Secondary Unannounced Inspection 17 July 2014 09:30 hours to 18:45 hours
Name of Inspectors:	Heather Sleator Donna Rogan

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 the registered provider
- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- 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

The focus of this inspection was to follow up matters of concern regarding care practices and management brought to the attention of RQIA by a whistle-blower.

The inspection also assessed the level of progress made and compliance achieved, by the registered person, regarding the requirements and recommendations made during the previous care inspections of 10 and 11 May 2013 and 5 September 2012.

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

Colinvale Court Nursing home is situated on the Glen Road in west Belfast. The nursing home is owned and operated by Mr Raymond Murphy. The current registered manager is Ms Stephanie Shannon.

Accommodation for patients is provided on both floors of the home. Accommodation for 45 patients is on the ground floor and there is a small five bedded unit on the first floor of the home. Access to the first floor is via a passenger lift and stairs.

The ground floor of the home provides four communal lounge and dining areas; domestic style kitchen/dinette areas are also available. Bedrooms are located off the corridors close to a lounge area. The home also provides for catering and laundry services on the ground floor: and a number of communal bathroom facilities are available throughout the home.

There are two internal courtyards which patients can access from the lounge areas.

The home is registered to provide care for a maximum of 50 persons under the following categories of care:

Nursing care

DE dementia care

3.0 Summary

This summary provides an overview of the areas examined during an unannounced secondary care inspection to Colinvale Court which was undertaken by Heather Sleator and Donna Rogan, care inspectors, on 17 July 2014 between 09:30 and 18:45 hours.

The inspection focussed on areas of concern regarding care practices and management brought to the attention of RQIA by a whistle-blower.

The inspection also assessed the level of progress made and compliance achieved against the previous twenty five requirements and nine recommendations made at the last inspection on 10 and 11 May 2013. A number of the previous requirements and recommendations had initially been made at the care inspection of 5 September 2012.

Ms Stephanie Shannon, registered manager, facilitated the inspection process and was available throughout the course of the day.

To follow up the whistle blowing concerns and in order to assess the level of compliance achieved regarding the previous requirements and recommendations, the inspectors met with patients, observed care practices and service delivery, examined a selection of records, held discussions with staff and management and carried out a general observational tour of the nursing home's environment.

The inspection process identified a range of significant concerns regarding the quality of staff care practices, quality of patient care, quality of governance and management arrangements, staffing arrangements and the management of the home environment in terms of infection control and hygiene levels.

The assessment of compliance against the twenty five previously made requirements evidenced the following outcomes; four requirements were compliant, three requirements were moving towards compliance and eighteen requirements were assessed as not compliant. Of the nine previously made recommendations; one recommendation was compliant and eight recommendations were assessed as not compliant. Compliance details are available in the section immediately following this summary.

Verbal feedback of the inspection outcomes and concerns identified was provided and discussed at length with Stephanie Shannon, registered manager, and Raymond Murphy, responsible person, at the conclusion of the inspection process. Mr Murphy was informed that the concerns from the inspection would be discussed with RQIA senior management. Mr Murphy was advised of RQIA's Enforcement Policy and Procedures.

Post Inspection

In view of the concerns from this inspection, RQIA undertook an overview of previous inspection activity including the lack of progress and sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008, and had concerns regarding:

- the quality of leadership and governance/management arrangements in the home
- the quality of care and service delivery to patients accommodated in the home
- the lack of leadership and management regarding dementia care practice

- an absence of a robust system for reviewing, at appropriate intervals, the quality of nursing and other services provided by the home
- staffing arrangements were not in accordance with RQIA's Staffing Guidance for Nursing Homes 2009. The number of and ratio of staff on duty did not adequately meet the individual needs of patients
- the lack of a robust system to evidence that arrangements had been put in place, by training or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse
- the failure to provide an acceptable standard of cleanliness and hygiene in the home
- the quality of food and menu choice. The dining experience for patients was not in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes 2014'
- the lack of robust staff development and support systems; for example, a planned formal supervision system, staff appraisal and arrangements to ensure that mandatory training requirements of staff are met.

Mr Raymond Murphy, responsible person, attended a meeting in RQIA offices, on 1 August 2014, to discuss these concerns.

Despite assurances offered by Mr Murphy at the meeting, RQIA informed Mr Murphy of the decision to issue 10 failure to comply with regulation notices. At this meeting, a notice of proposal to place conditions on the registration of the home was also discussed with Mr Murphy and subsequently issued.

The meeting also considered two additional areas of serious concerns regarding the home's environment and the personal care of patients.

Refer to Section 4.2 Post Inspection in the report for further detail regarding the failure to comply notices, the notice of proposal and the serious concerns discussed.

Following the issue of the notices, Mr Murphy submitted a detailed Action Plan on areas of concern to RQIA which is updated and forwarded by the home on a regular basis.

Additional Inspections

As a result of the concerns identified during this care inspection, RQIA carried out additional specialist inspections to the home in regard to finance on 28 July 2014, estates on 30 July & 4 August 2014 and the administration of medicines on 12 August 2014.

A range of concerns were identified on each of the specialist inspections and a meeting in RQIA offices was held with Mr Murphy, responsible person, on 15 August 2014, to discuss these concerns.

In view of RQIA's concerns, six failure to comply notices were issued to Mr Murphy on 19 August 2014 as follows: finance, two notices; estates, three notices and medication, one notice. Specialist inspection reports are completed for each of the areas referred to.

All notices issued in regards to care, finance, estates and pharmacy are available on the RQIA website.

Liaison with Belfast Health and Social Care Trust (BHSCT)

RQIA informed BHSCT about the whistle blowing concerns and the significant concerns and outcomes identified at the care and specialist inspections. Some of the concerns identified have been managed by the trust's safeguarding team under the regional adult protection policy/procedures. Multi agency investigations are currently ongoing, involving the Police Service for Northern Ireland (PSNI) and the trust. Other trusts have been informed by BHSCT as relevant. RQIA are not part of the investigatory process. However, RQIA have been kept informed at all stages of the investigations by the trust and have attended multi agency strategy meetings as deemed appropriate. RQIA and BHSCT maintain regular liaison about the home.

Conclusion

As a result of this care inspection, 10 failure to comply notices and a notice of proposal to impose three conditions on the home's registration were issued to Mr Murphy, responsible person.

Sixteen requirements from the quality improvement plan of the inspection of 10 and 11 May 2014 were subsumed into the failure to comply notices. Four requirements were restated for the third time; one requirement was restated for the second time and three requirements were made as a result of this inspection. Five recommendations were subsumed into the failure to comply notices. One recommendation was restated for the third time and two recommendations were restated for the second time.

The quality improvement plan details the requirements and recommendations made at this inspection.

The inspectors would wish to thank Mr Murphy, Ms Shannon, staff and patients for contributing to the inspection process.

RQIA will continue to monitor Colinvale Court and the home's compliance in regards to the notices issued.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspectors' Validation Of Compliance
1	16 (1)	The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient's representative as to how the patient's needs, in respect of his health and welfare is to be met.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>This has been discussed with nursing staff and a proforma has been drawn up and has been currently been adapted.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The inspectors' review of four patients' care records evidenced:</p> <ul style="list-style-type: none"> • a lack of consultation with the patient or patient's representative in the planning of care • prescribed care was not being undertaken; for example, re-positioning of a patient on continuous bed rest was not in evidence yet care records stated re-positioning regime was being adhered to • there were no risk assessments or care plans for the management of pain in patients' care records • an absence of life history information. 	Not Compliant

			<ul style="list-style-type: none"> the advice of the specialist tissue viability nurse was not being followed. The specialist nurse had recommended the completion of re-positioning charts. The inspectors' review of the patient's re-positioning chart from 05 July 2014 to 16 July 2014 revealed that staff were not completing the records fully or accurately the review of the patient's progress notes evidenced registered nurses had recorded that the patient had been turned two hourly. The inspectors could not find evidence that repositioning had occurred at this time interval in a consistent manner. <p>Refer also to requirement 22</p>	
2	15 (1) and (2) (b) 16 (1) and (2)	<p>The registered person shall ensure the assessment of patient need is in accordance with regulation and professional guidance.</p> <p>The written plan of care is to be in accordance with regulation and professional guidance.</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>Following a staff meeting held on 15th August 2013. Record keeping, documentation and care plans were discussed. The importance of maintaining and reassessing records must be strictly adhered to in accordance with current guidelines.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this</p>	Not Compliant

			<p>requirement had been addressed. The inspectors' review of four patients' care records evidenced:</p> <ul style="list-style-type: none"> • risk assessments had not been completed in a consistent manner; for example, <ul style="list-style-type: none"> ○ the bedrail assessment for one patient on continuous bed rest was incomplete ○ the Braden skin care assessment had not been completed and did not identify the patient was at high risk of a pressure ulcer ○ needs assessments were not completed in a fulsome and comprehensive manner ○ needs assessments were not signed and dated by registered nurses in a consistent manner • risk assessments were not reviewed on a regular basis • a risk assessment or care plan for the management of pain was not present despite registered nurses stating to the inspectors that the patient experienced pain at the time of dressing. <p>Refer also to requirement 21</p>	
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3	19 (2) and (3) Schedule 4	The registered person shall ensure that the records referred to in Schedule 4 are at all times available for inspection in the home by any person authorised by the Regulation and Quality Improvement Authority to enter and inspect the nursing home.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>The monthly report compiled by the registered provider will be held in the unit for inspection with all other documents.</i></p> <p>Inspectors' findings: The inspectors verified this requirement had been addressed.</p> <p>The inspectors' reviewed the monthly monitoring reports completed by the responsible person, Mr Raymond Murphy. The requested reports were available for inspection.</p> <p>All other documentation, as requested by the inspectors, was made available at the time of inspection.</p>	Compliant
4	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive mandatory training.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>Mandatory training is ongoing annually for all members of staff. The importance to attend such was stressed at a staff meeting held on 29th August 2013.</i></p>	Not Compliant

			<p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The inspectors reviewed staff training records and were unable to verify all staff had completed mandatory training due to poor recording.</p>	
5	19 (2) Schedule 4 (6 g)	Accurate records of training must be maintained in accordance with minimum standards.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>The method of recording attendance at training sessions has been altered to reflect a list of staff in attendance.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The review of the home's central staff training records did not confirm that all staff had completed mandatory training and other training as required. Lists of staffs' attendance at individual training sessions were also not available to assist the inspectors in validating compliance with this requirement.</p>	Not Compliant

6	20 (1) (a)	<p>It is required that new employees complete a programme of induction which is validated by the registered person or the registered nurse in charge of the home in their absence.</p> <p>The registered manager must confirm that the staff member identified has been inducted by 28 June as agreed.</p>	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>An induction programme is insitu and to be completed by all new staff. The registered manager will sign off on completion.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been addressed.</p> <p>The inspectors selected five staff personnel files to review and identified a lack of evidence of induction training in four files. The other personnel file revealed evidence of an induction training programme, However, the induction record were not fully completed despite the staff member being in post for over six months.</p>	Not Compliant
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7	20 (2)	The registered person shall ensure that persons working in the nursing home are appropriately supervised.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>A programme of supervision is in place and ongoing.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The inspectors reviewed nine staff personnel records to validate individual supervision was on-going. A record of supervision was present in only three staff personnel records examined. The three records of supervision examined did not confirm that a systematic approach to supervision had been established by the registered manager.</p>	Not Compliant
8	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive appraisal.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>A programme of appraisal is in place and it is expected that all staff will have received appraisal by 31st December 2013.</i></p>	Not Compliant

			<p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The registered manager informed the inspectors that the annual appraisal of staff was the responsibility of the registered person, Mr Raymond Murphy. Mr Murphy confirmed to the inspectors that he had not completed the appraisal for any staff member. There was evidence of one staff appraisal having been completed by the registered manager.</p>	
9	20 (1) (3)????	The registered person shall ensure that at all times a nurse working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in his absence.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>All staff nurses who take charge of a shift will have completed their competency and capability assessment.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The inspectors reviewed the competency and capability assessment of five registered nurses who would be in charge of the home in the absence of the manager. The review did not evidence the following areas of competency within assessments completed:</p>	Not Compliant

			<ul style="list-style-type: none"> • safeguarding of vulnerable adults • requirements of reporting to RQIA and other agencies of notifiable events <p>The review of the five completed competency and capability assessments did not evidence a final statement of competency validated by the registered manager.</p>	
10	17 (1), (2) and (3)	<p>The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service provision in the nursing home.</p> <p>A report is to be written on an annual basis and evidence consultation with patients and their representatives (Standard 25. 13).</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>The annual report has been completed and is available for general inspection upon request.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The annual quality report reviewed by inspectors was out of date and did not include the areas as identified in the report of the inspection of May 2013.</p> <p>On request, the inspectors were provided with audits undertaken in relation to the quality of services provided in the home. Only two audits were available, one care record audit and one audit regarding cleanliness and hygiene standards of the home.</p>	Not Compliant

			<p>There was no evidence of a system in place to validate remedial action had taken place against identified shortfalls. There were no other audits available at the time of inspection.</p> <p>The registered manager informed the inspectors that there was no system operational in the home to identify a link nurse for quality monitoring in specific areas, for example, infection control, palliative care or wound management.</p>	
11	27 (4)	<p>It is required that the registered persons liaise with RQIA's estates inspectors in respect of the replacement of split doors and fire seals to ensure any changes meet with required regulations.</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>A fire risk assessment was carried out on 10th September 2013. Our fire risk assessor discussed the situation with the estates officer and we are awaiting further clarification from both sources on this issue.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been fully addressed.</p> <p>The inspectors undertook a tour of the premises during the inspection. The presence of split doors (patients' bedrooms) was in evidence. Discussion took place with Mr Raymond Murphy, responsible person, who agreed that all</p>	<p>Moving towards Compliance</p>

			split doors would be replaced by the end of August 2014. Evidence was present in the regulation 29 reports that Mr Murphy had discussed this with the home's fire risk assessor and the fire risk assessor was satisfied with the arrangement.	
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12	20 (1) (c)	<p>Care staff should receive training in basic food hygiene principles.</p> <p>This training can be delivered 'in house' by a person qualified in basic food hygiene from a recognised awarding body such as the local council.</p> <p>The registered manager must ensure that this training meets the needs of the nursing home.</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>Basic food hygiene training has been requested from BCM on 3rd June 2013 & 16th October 2013. We are currently awaiting a date.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been addressed.</p> <p>The inspectors reviewed the staff training records and found no evidence that training in basic food hygiene principles had been arranged and undertaken.</p> <p>The inspector's observation of the serving of the midday meal raised concerns, for example, aprons not being worn by staff at mealtimes, food transported to patients by hand and uncovered and staffs unawareness of basic food hygiene principles.</p>	Not Compliant
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13	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>The registered person must ensure that they addressed infection prevention and control issues generally and not only the issues identified by inspectors during inspection.</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>Infection prevention and control remains a high profile issue within the home and staff are constantly reminded of such.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been addressed.</p> <p>The inspectors undertook a tour of the premises. The following concerns were identified:</p> <ul style="list-style-type: none"> • malodours were present and the standard of cleanliness and hygiene in the home was unacceptable • quality audits of the cleanliness/hygiene standards of the home were not robust and presented in a 'tick box' proforma. Infection control audits were not available • the home does not have a link nurse for infection control • a number of lounge and specialist chairs being used by patients were observed to be torn and unclean 	Not Compliant
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			<ul style="list-style-type: none"> • a number of bedrails in use on patients beds were observed to be unclean and/or the bedrail was chipped or scored • the protective covering on the bedrails of a patient on continuous bed rest was observed to be unclean • a patient was observed being shaved in a lounge area when other patients were present and a registered nurse was administering medications. Shaving equipment was observed being stored under the sink in one of the kitchen diners • substances hazardous to health were observed to be kept unsecured under the sink in one of the kitchen diners and easily accessible to patients; for example, a multipurpose cleaner and a washroom cleaner. 	
14	10 (1)	Given the number of requirements issued for a second time in respect of day to day operational issues and governance, such as appraisal, supervisions etc.; it is required that the registered provider reviews the role and function of the	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP:</p> <p><i>Frequent discussions have taken place in this respect. There have been issues within the home due to extended absence of the registered provider due to personal injury. However steps are currently being taken to avoid any</i></p>	Not Compliant

		<p>registered manager to ensures that the registered manager can fulfil her role in accordance with regulations.</p>	<p><i>reoccurrence in the further.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The registered manager, Ms Stephanie Shannon, remains the registered manager for both Colinvale Court and Louisville Private Nursing Home. The inspectors were unable to validate that effective quality monitoring/governance systems had been implemented or sustained. The inspectors had concerns regarding:</p> <ul style="list-style-type: none"> • the quality of leadership and governance/management arrangements in the home • the quality of care and service delivery to patients accommodated in the home identified under regulations 12(1)(a) and (b), 12(4)(a), (b), (c) and (d), 15(2)(a) and (b), 16(1), 16(2), 13(7), 18(2)(j) and regulation 20 • the lack of leadership and management regarding dementia care practice • an absence of a robust system for reviewing, at appropriate intervals, the quality of nursing and other services provided by the home 	
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			<ul style="list-style-type: none"> • staffing arrangements were not in accordance with RQIA's Staffing Guidance for Nursing Homes 2009. The number of and ratio of staff on duty did not adequately meet the individual needs of patients • the lack of a robust system to evidence arrangements had been put in place, by training or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse • the failure to provide an acceptable standard of cleanliness and hygiene in the home • the quality of food and menu choice. The dining experience for patients was not in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes 2014' • the lack of robust staff development and support systems; for example, a planned formal supervision system, staff appraisal and arrangements to ensure that mandatory training requirements of staff are met. 	
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15	10 (2)	<p>The registered provider shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the nursing home.</p>	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>As discussed with the unit inspectors, the registered provider will be informed of his responsibilities to attend regular training.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been addressed.</p> <p>Evidence was not available to verify that the responsible person has completed training; for example, in the following areas:</p> <ul style="list-style-type: none"> • safeguarding of vulnerable adults • moving and handling infection control • fire safety • the requirements under regulation 30, The Nursing Homes Regulations (Northern Ireland) 2005 	Not Compliant
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16	29 (1) (2) and (3)	It is required that the registered provider/nominated person commences visits in accordance with regulation 29.	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>The registered provider maintains a monthly report. This will be available for inspection.</i></p> <p>Inspectors' findings: The inspectors were unable to validate this requirement had been fully addressed.</p> <p>The inspectors verified that the monthly monitoring visit to the home was being undertaken by the responsible person, Mr Raymond Murphy and reports of the outcome of the monthly visits were available. However, the responsible person was advised by inspectors to utilise the updated monitoring template on RQIA's website for the completion of the report which will provide more comprehensive information. The registered manager informed the inspectors that the responsible person did not review accidents, incidents or complaints when undertaking the monthly visit but asks her for this information.</p>	Moving towards Compliance
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17	19 (1) (2) and (3)	It is also required that a copy of any report or records made pertaining to regulation 29 is kept in the nursing home and available for inspection.	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>A copy of the registered provider report is available upon request within the home.</i></p> <p>Inspectors' findings: The inspectors verified that this requirement had been addressed.</p> <p>The inspectors verified that the reports of the regulation 29 monthly monitoring visits are retained in the home. Information was present on a notice board in the home that the reports were available if patients and/or their representatives wished to read them.</p>	Compliant
18	29 (4)	It is required that the person carrying out the visit shall – (a) interview, with their consent and in private, such of the patients and their representatives and persons working at the nursing home as appears necessary in order to form an opinion of the standard of nursing provided in the	<p>This requirement was stated for a second time.</p> <p>The registered person stated in the returned QIP: <i>The registered providers monthly report includes all of this issues and is available for inspection.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been fully addressed.</p> <p>The review of the reports of the monthly</p>	Moving towards Compliance

		<p>home;</p> <p>(b) inspect the premises of the nursing home, its record of events and records of any complaints; and</p> <p>(c) prepare a written report on the conduct of the nursing home.</p> <p>Guidance is available on the RQIA's web site as to the layout and content of the report.</p>	<p>monitoring visit undertaken by the responsible person evidenced that the responsible person met with patients, patients' representatives and staff during the visit.</p> <p>As previously stated at requirement 16 above, the registered manager informed the inspectors that the responsible person did not review the record of events or complaints during the monitoring visit but asked her for this information.</p> <p>The inspectors noted an absence of any reference to an action plan or scheduled refurbishment/ redecoration programme for the home within the monitoring template.</p>	
19	29 (5)	<p>It is required that the registered provider , sends in a copy of the regulation 29 visit report to RQIA for a period of three months from the issuing of this QIP.</p>	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP:</p> <p><i>As discussed with the unit inspectors a copy of the last three months reports will to forwarded to the RQIA via post.</i></p> <p>Inspectors' findings:</p> <p>The inspectors were unable to verify this requirement had been addressed.</p> <p>There was no evidence to confirm the monthly monitoring reports had been forwarded to RQIA for three consecutive months as requested.</p>	Not Compliant

20	29 (5)	It is required that copies of regulation 29 visit reports are made available to the registered manager; the patient or their representative and officer of the Trust, on request.	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>These reports are available from the registered manager upon request.</i></p> <p>Inspectors' findings: The inspectors verified this requirement had been addressed.</p> <p>The registered manager confirmed she receives a copy of the monthly monitoring report. The registered manager also confirmed a copy of the reports may be made available for patients and/or their representatives on request.</p> <p>The inspectors reviewed the monthly monitoring reports and evidence was present that the registered manager had signed and dated the reports on receipt.</p>	Compliant
21	15 (1) (a)	It is required that the registered person shall ensure that registered nurses, at the time of a patient's admission to the home, undertake a comprehensive, holistic assessment of the patients care needs.	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>This issue has been discussed with the nursing staff during group supervision held on 15th August 2013.</i></p>	Not Compliant

			<p>Inspectors' findings:</p> <p>The inspectors were unable to verify this requirement had been addressed.</p> <p>The review of four patients care records did not evidence a comprehensive assessment of need had been undertaken by registered nurses. The review evidenced:</p> <ul style="list-style-type: none"> • risk assessments had not been completed in a consistent manner; for example, <ul style="list-style-type: none"> ○ the bedrail assessment for one patient on continuous bed rest was incomplete ○ the Braden skin care assessment had not been completed and did not identify the patient was at high risk of a pressure ulcer ○ needs assessments were not completed in a fulsome and comprehensive manner ○ needs assessments were not signed and dated by registered nurses in a consistent manner • risk assessments were not reviewed on a regular basis • a risk assessment or care plan for the 	
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			management of pain was not present despite registered nurses stating to the inspectors that the patient experienced pain at the time of dressing.	
22	12 (1)	<p>It is required that care plans to manage any type of wound are devised in accordance with evidence based practice and regional guidance.</p> <p>For example, one care plan for each wound and use of the wound observation chart.</p>	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>A wound care folder has been devised for individual patients and is maintained in accordance with guidelines and the TVN team.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p> <p>The inspectors reviewed four patients care records with a specific focus on wound care management. The review evidenced:</p> <ul style="list-style-type: none"> • prescribed care was not being undertaken; for example, re-positioning of a patient on continuous bed rest was not in evidence yet care records stated re-positioning regime was being adhered to • there were no risk assessments or care plans for the management of pain in patients' care records • the advice of the specialist tissue viability nurse was not being followed. The specialist nurse had recommended the 	Not Compliant

			<p>completion of re-positioning charts. The inspectors' review of the patient's re-positioning chart from 05 July 2014 to 16 July 2014 revealed that staff were not completing the records fully or accurately</p> <ul style="list-style-type: none"> the review of the patient's progress notes evidenced registered nurses had recorded that the patient had been turned two hourly. The inspectors could not find evidence that repositioning had occurred at this time interval in a consistent manner. 	
23	17 (1)	<p>It is required that the registered person/s ensures that the monitoring and audit of care records, in general, is undertaken on a regular basis and included as part of the overall quality assurances system of the home.</p> <p>Evidence of action taken to address identified deficits must be maintained.</p>	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>The process of auditing care plans has been stepped up to ensure any deficits have been addressed.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been fully addressed. The inspectors reviewed the available completed audits of care records. The review evidenced that there had been no audits of care records completed from 30 April 2013 until one was undertaken on 8 May 2014. The review of these audits evidenced that not all had been signed to verify the responsible</p>	Not Compliant

			registered nurse had seen or was aware of the audit and that shortfalls had been identified.	
24	5	It is that the process of issuing patients with a 'patient's agreement' in accordance with regulation 5 is completed for all existing and new admission patients by the end of December 2013.	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>Patient's agreements have been issued to representatives and it is hoped that they will be returned to the administration office as soon as possible.</i></p> <p>Inspectors' findings: The inspectors verified that this requirement had been addressed. The inspectors reviewed four patients agreements and evidenced the agreements had been signed by either the patient or the patient's representative.</p>	Compliant
25	30	It is required that any changes/decrease to the planned staffing levels are notified to RQIA.	<p>This requirement was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>Staffing levels are adjusted to meet current guidelines. i.e. 1:5 - 8am - 8pm, 1;10 - 8pm - 8am.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this requirement had been addressed.</p>	Not Compliant

			<p>The staff duty rotas from 30 June 2014 to 17 July 2014 were reviewed. The review evidenced that on fourteen days within the stated time period, there were only two registered nurses on duty between 08:00 hours and 20:00 hours. RQIA's Staffing Guidance for nursing homes states there should be three registered nurses on duty during daytime hours.</p> <p>Night duty arrangements were reviewed for the same time period. In line with RQIA's Staffing Guidance, staffing arrangements should have been two registered nurses and three care assistants on duty between 20:00 hours and 08:00 hours. The review evidenced the following:</p> <ul style="list-style-type: none"> • on 10 nights there was only one registered nurse on duty • on 3 nights there were only two care assistants on duty • on 1 night there was only one registered nurse and two care assistants on duty. <p>The registered manager stated agency staff had been provided to ensure the required number of staff were on duty. The duty rota did not reflect the use of agency staff.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspectors' Validation Of Compliance
1	28.8	It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement.	<p>This recommendation was stated for the second time.</p> <p>The registered person stated in the returned QIP: <i>This has been implemented within house training. A record is kept in personal files.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed due to a lack of evidence available.</p> <p>The review of staff personnel records did not evidence reflective learning logs were being maintained.</p>	Not Compliant
2	25.11	It is recommended that the implementation of 'focused' care record audits be considered as discussed. This will enable the registered manager to evidence day to day operational control.	<p>This recommendation was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>This has been discussed with staff nurses and implemented.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed. The inspectors reviewed the available completed audits of care records. The review evidenced that there had been no audits of care records completed from 30 April 2013 until one was undertaken on 8 May 2014.</p>	Not Compliant

			The review of the audits also evidenced that not all had been signed to verify the responsible registered nurse had seen or was aware of the audit and that shortfalls had been identified. The review of the completed care audit did not verify that the audit was focused.	
3	25.11	It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered manager should confirm shortfalls have been addressed in a timely manner.	<p>This recommendation was stated for the second time.</p> <p>The registered person stated in the returned QIP: <i>The care plan audit tool has been amended to include the primary nurse taking ownership for record keeping thus raising awareness to any deficits.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed.</p> <p>The care records audit completed in May 2014 did not evidence a system was in place to validate any shortfall had been actioned. Evidence was also not present that all nursing staff had signed or were aware of an audit of care records having been undertaken.</p>	Not Compliant
4	12.4	It is recommended the daily menu is displayed in a suitable format and in an appropriate location, so that patients and their representatives know what is available	<p>This recommendation was stated for the second time.</p> <p>The registered person stated in the returned QIP: <i>Daily menus have been processed and are displayed in each dining room.</i></p>	Not Compliant

		at each mealtime.	Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed. The rotational menus were displayed on the wall of the four lounge areas. However, the menu format and location of the menus were not conducive or easily accessible for persons with dementia.	
5	12.3	<p>It is recommended the menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.</p> <p>A choice is also offered to those on therapeutic or specific diets.</p> <p>Records of the food eaten should evidence this.</p>	<p>This recommendation was stated for the second time.</p> <p>The registered person stated in the returned QIP: <i>An meal is offered and provided to all patients. If the menu is not to their liking this also includes those patients on therapeutic diets.</i></p> <p><i>A record of each patient's intake is documented daily.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed. The inspectors reviewed the rotational menus. The menus did not offer choice at the midday meal. Patients who required a therapeutic diet were also not afforded choice at the midday and evening mealtimes.</p> <p>The inspectors reviewed the records of meals served and quantity eaten for individual patients The record did not provide an accurate account of the full content of the meal i.e. recording stated 100% of meal eaten. The record did not reflect what a patient actually ate.</p>	Not Compliant

6	26	It is recommended that policies and procedures are devised which reflect legislative requirements and best practice guidance for governance arrangements and quality assurance processes.	<p>This recommendation was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>This policy has been written and insitu from Friday 26th July 2013.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed.</p> <p>The home's quality assurance policy was reviewed. The policy did not reflect that the annual quality report or the monthly monitoring reports were part of quality assurance processes and were available for patients and/or representatives to read.</p>	Not Compliant
7	28	It is recommended that when an employee completes their induction programme, that the registered manager reviews the induction document to ensure it is complete, validates the employee's knowledge and skills and confirms the successful completion of the induction programme.	<p>This recommendation was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>An induction programme is insitu and to be completed by all new staff. The registered manager will sign off on completion.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed.</p> <p>The inspectors selected five staff personnel files to review. There was only one record of an induction training programme having been completed. Four staff personnel files did not evidence induction training had taken place. The induction training programme which</p>	Not Compliant

			was reviewed did not evidence full completion of induction despite the staff member being in post for over six months.	
8	30.4	It is recommended that when a registered nurse completes their nurse in charge of the home competency and capability assessment, that the registered manager reviews the document to ensure it is complete, validates the registered nurse's knowledge and skills and confirms that the registered nurse can take charge of the nursing home in their absence.	<p>This recommendation was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>The registered manager will ensure that all elements of this recommendation are carried out.</i></p> <p>Inspectors' findings: The inspectors were unable to verify this recommendation had been addressed.</p> <p>The inspectors reviewed the competency and capability assessment of five registered nurses in charge of the home in the absence of the manager. The review did not evidence the following areas of competency were present:</p> <ul style="list-style-type: none"> • safeguarding of vulnerable adults • requirements of reporting to RQIA and other agencies of notifiable events <p>The review of the completed competency and capability assessment did not evidence a final statement of competency validated by the registered manager.</p>	Not Compliant

9	30.7	It is recommended that the staff duty rotas clearly indicate the registered nurse in charge of the home for each shift.	<p>This recommendation was stated for the first time.</p> <p>The registered person stated in the returned QIP: <i>This recommendation has been fully addressed.</i></p> <p>Inspectors' findings: The inspectors verified this recommendation had been addressed.</p> <p>The review of the staff duty rota evidenced the nurse in charge of the home for each shift was clearly identified.</p>	Compliant
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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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

There have been four notifications to RQIA regarding the safeguarding of vulnerable adults (SOVA) incidents since April 2014. 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. Multi agency investigations are ongoing, involving the Police Service for Northern Ireland (PSNI) and Belfast Health and Social Care Trust. RQIA are not part of the investigatory process. However, RQIA have been kept informed at all stages of the investigations and have attended multi agency strategy meetings as deemed appropriate.

4.2 Post Inspection

In view of concerns from the inspection, RQIA undertook an overview of previous inspection activity including the lack of progress and sustained compliance, with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008, and had concerns regarding:

- the quality of leadership and governance/management arrangements in the home
- the quality of care and service delivery to patients accommodated in the home identified under a number of regulations
- the lack of leadership and management regarding dementia care practice
- an absence of a robust system for reviewing, at appropriate intervals, the quality of nursing and other services provided by the home
- staffing arrangements were not in accordance with RQIA's Staffing Guidance for Nursing Homes 2009. The number of and ratio of staff on duty did not adequately meet the individual needs of patients
- the lack of a robust system to evidence arrangements had been put in place, by training or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse
- the failure to provide an acceptable standard of cleanliness and hygiene in the home
- the quality of food and menu choice. The dining experience for patients was not in accordance with the 'Nutritional guidelines and menu checklist for residential and nursing homes 2014'
- the lack of robust staff development and support systems; for example, a planned formal supervision system, staff appraisal and arrangements to ensure that mandatory training requirements of staff are met.

RQIA required the responsible person, Mr Raymond Murphy, to attend a meeting in RQIA offices on 1 August 2014, to discuss these concerns. Ms Stephanie Shannon, registered manager, also attended.

Despite assurances offered by Mr Murphy, RQIA considered the inspection outcomes to be of significant concern and ten failure to comply with regulation notices were issued against the following regulatory areas on 8 August 2014:

- assessment of patient need
- planning of care, including wound care management
- infection control
- governance arrangements in the home, including the management and leadership skills of the registered manager
- nutrition and the dining experience for patients
- the training requirements of the responsible person
- staffing arrangements
- mandatory training requirements of staff
- supervision and appraisal of staff
- nurse competency and capability assessments for those left in charge of the home.

At this meeting, a notice of proposal to place three conditions on the registration of the home was also issued as follows on 8 August 2014:

- the registered person must ensure that a nurse manager, with sole responsibility for Colinvale Court, is working in the home. The nurse manager will take control of the day to day management and control of Colinvale Court
- admissions to Colinvale Court will cease until such times as compliance with the specific actions stated in the failure to comply notices have been attained
- the registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

RQIA also discussed the following areas of concern identified during the inspection with Mr Murphy and Ms Shannon:

(A) The environment: cleanliness and hygiene

- a number of bedside lockers in patients' bedrooms were observed to be unclean and evidenced significant wear and tear
a number of bedroom
- a number of bedroom floors were observed to be unclean
- sink units in a number of bedrooms evidenced significant wear and tear
- bed linen in patients' bedrooms was of poor quality
- curtain rails in a number of patients' bedrooms were observed to be dusty
- the review of a quality audit in relation to cleanliness and hygiene was not robust. The audit was a 'tick box' format and did not detail areas for actioning and improvement.

(B) Personal care

The inspectors observed and considered the personal care afforded to patients to be of a poor standard and patients appeared unkempt; for example, patients' finger nails were unclean and patients' hair did not look to have been combed. Patients clothing was not coordinated and one patient was observed walking along the corridor with his/her name clearly visible on her slippers. A number of patients were not wearing any footwear.

The inspectors observed a patient sitting in the courtyard for a period of time on a day which was warm and sunny. There was no available shade for patients provided i.e. sunshade, hats or sunscreen.

Additional Inspections

As a result of the concerns identified during this care inspection, RQIA carried out additional specialist inspections to the home in regard to finance on 28 July 2014, estates on 30 July & 4 August 2014 and the administration of medicines on 12 August 2014.

A range of concerns were identified on each of the specialist inspections and a meeting in RQIA offices was held with Mr Murphy, responsible person, on 15 August 2014, to discuss these concerns.

In view of RQIA's concerns, six failure to comply notices were issued to Mr Murphy on 19 August 2014 as follows: finance, two notices; estates, three notices and medication, one notice. Specialist inspection reports are completed separately for each of the areas referred to.

All notices issued in regards to care, finance, estates and pharmacy are available on the RQIA website.

Liaison with Belfast Health and Social Care Trust (BHSCT)

RQIA informed BHSCT about the whistle blowing concerns and the significant concerns and outcomes identified at the care and specialist inspections. In view of the nature of some of the concerns, they have been managed under the regional adult protection policy/procedures by the trust's safeguarding team. RQIA and BHSCT maintain regular liaison about the home. Refer also to Section 4.1 above.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Stephanie Shannon, 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:

**Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Secondary Inspection

Colinvale Court

17 July 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 Stephanie Shannon, registered manager and Raymond Murphy, responsible person at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

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	16 (1)	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient's representative as to how the patient's needs, in respect of his health and welfare is to be met.</p> <p>Ref: Section 4 (requirement 1)</p>	This requirement has been subsumed into a failure to comply notice	<p>Letters have been issued to all patients' representatives, inviting them to review the individual care plans, to ensure that the patients' needs are being met and that care plans can become more person-centred, by detailing the knowledge and understanding acquired through this process.</p> <p>The primary nurses for each patient have been instructed to follow up with the representatives of their respective patients, to ensure that this is completed and that information from life histories is incorporated accordingly.</p> <p>Primary nurses are responsible for ensuring that advice from allied health professionals and multidisciplinary team members are included in the care plan and also that the relevant documentation, completed by care staff, is in place.</p>	In line with the notice

				Clarification has been given to registered nurses regarding responsibility for writing and updating care plans, for new or acute problems, that may arise in between scheduled updates.	
2	15 (1) and (2) (b) 16 (1) and (2)	<p>The registered person shall ensure the assessment of patient need is in accordance with regulation and professional guidance.</p> <p>The written plan of care is to be in accordance with regulation and professional guidance.</p> <p>Ref: Section 4 (requirement 2)</p>	This requirement has been subsumed into a failure to comply notice	<p>All patients care files are in the process of being re-written, to ensure that assessment of needs are reflective of current need. All registered nurses have been issued with NMC guidance on Record Keeping and a signed receipt for same, retained by the Home Manager. Care file audits will commence October 2014, to ensure that assessments are consistently reviewed. All registered nurses have been reminded of their professional responsibility, in relation to completing their allocated assessments on a monthly basis. Registered nurses have also been provided with instruction regarding their responsibilities in updating relevant needs assessments in relation to significant patient changes. The abbey pain scales are included in the monthly reviews and are now retained in the</p>	In line with the notice

				patients drug kardexes, in order for effectiveness of analgesia administered, to be assessed.	
3	20 (1) (c) (i)	<p>The registered person shall ensure all staff employed to work in the nursing home receive mandatory training.</p> <p>Ref: Section 4 (requirement 4)</p>	This requirement has been subsumed into a failure to comply notice	<p>At the time of submitting this report, all staff members, with the exception of one employee, have received their 'mandatory training', resulting in 98% compliance.</p> <p>32 staff members have completed their moving and handling training, resulting in 35% compliance.</p> <p>45 staff members have completed their fire training, resulting in 92% compliance.</p> <p>Training dates have been scheduled, to ensure that 100% compliance is achieved.</p>	In line with the notice

4	19 (2) Schedule 4 (6 g)	<p>Accurate records of training must be maintained in accordance with minimum standards.</p> <p>Ref: Section 4 (requirement 5)</p>	This requirement has been subsumed into a failure to comply notice	<p>Records in relation to content of training is retained in the Home Manager's office and is available for inspection. Attendance sheets are also retained for inspection. A training matrix is displayed on the noticeboard in the nurses station.</p>	In line with the notice
5	20 (1) (a)	<p>It is required that new employees complete a programme of induction which is validated by the registered person or the registered nurse in charge of the home in their absence.</p> <p>Ref: Section 4 (requirement 6)</p>	This requirement has been subsumed into a failure to comply notice	<p>A programme of 'reinduction' will commence, utilising a new induction form. This will be signed off by the Home Manager if and when competency has been achieved. Each head of department will be assigned responsibility for ensuring that the inductions are complete. Registered nurses will be responsible for ensuring that the inductions assigned to them are complete, before being signed by the Home Manager.</p>	In line with the notice
6	20 (2)	<p>The registered person shall ensure that persons working in the nursing home are appropriately supervised.</p> <p>Ref: Section 4 (requirement 7)</p>	This requirement has been subsumed into a failure to comply notice	<p>Training is scheduled for relevant staff in conducting supervisions and an ongoing schedule for same is available.</p> <p>It is intended that information</p>	In line with the notice

				from same will feed into a training needs analysis, that will be used for future training planning.	
7	20 (1) (c) (i)	<p>The registered person shall ensure all staff employed to work in the nursing home receive appraisal.</p> <p>Ref: Section 4 (requirement 8)</p>	This requirement has been subsumed into a failure to comply notice	<p>Training is scheduled for relevant staff in conducting appraisals and an ongoing schedule for same is available.</p> <p>It is intended that information from same will feed into a training needs analysis, that will be used for future training planning.</p>	In line with the notice

8	20 (1) (3)	<p>The registered person shall ensure that at all times a nurse working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in his absence.</p> <p>Ref: Section 4 (requirement 9)</p>	<p>This requirement has been subsumed into a failure to comply notice</p>	<p>Competency and cabability assessments have been completed for all registered nurses in relation to to the responsibility of being in charge of the home.</p> <p>A new format has been devised, detailing competency in relation to: Safeguarding of Vulnerable Adults; and requirements of reporting to RQIA and other agencies of notifiable events.</p> <p>The Nurse in Charge Competency will be validated by the Home Manager.</p> <p>Agency nurses who are assuming 'In Charge of Home' responsibilities will have their profiles filed in the off-duty book and an induction completed, to satisfy the nurse leaving duty, that the agency nurse has been inducted to the home and that their competencies in relation safeguarding of vulnerable adults and requirements of reporting to relevant agencies is known.</p>	In line with the notice
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9	17 (1), (2) and (3)	<p>The registered person shall introduce and ensure systems are maintained for reviewing the quality of nursing and other service provision in the nursing home.</p> <p>A report is to be written on an annual basis and evidence consultation with patients and their representatives (Standard 25. 13).</p> <p>Ref: Section 4 (requirement 10)</p>	Three	<p>A Quality Assurance Framework has been established to formalise the auditing of: Medication stock audits; meal time audits; home manager's audit; kitchen audit, environmental audit/infection control; medication audit; decontamination audit; dementia audit; and care file audit. Additionally, daily and weekly reports systems are now in place, together with the Provider Report (Reg 29 visits). An annual quality assurance report will will carried out by an independent contractor, which will focus on the Quality of Nursing Care within the home. This will incorporate consultation with patients and their representatives. Once complete, this report will be displayed in the front foyer, should patients and/or their representatives wish to read this.</p>	From the time of the inspection
10	27 (4)	<p>It is required that the registered persons liaise with RQIA's estates inspectors in respect of the replacement of split doors and fire seals to ensure any changes meet with required regulations.</p>	Two	<p>Split doors have been replaced and are no longer in use in the home.</p>	From the time of the inspection

		Ref: Section 4 (requirement 11)			
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11	20 (1) (c)	<p>Care staff should receive training in basic food hygiene principles.</p> <p>This training can be delivered 'in house' by a person qualified in basic food hygiene from a recognised awarding body such as the local council.</p> <p>The registered manager must ensure that this training meets the needs of the nursing home.</p> <p>Ref: Section 4 (requirement 12)</p>	This requirement has been subsumed into a failure to comply notice	<p>Basic Food Hygiene Training has been arranged for all staff with responsibility for serving food. Aspects from this have been included in the meal-time audit for monitoring of compliance. Additional training in meal-time experience is part of the planned dementia training day.</p>	In line with the notice
12	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>The registered person must ensure that they addressed infection prevention and control issues generally and not only the issues identified by inspectors during inspection.</p> <p>Ref: Section 4 (requirement 13)</p>	This requirement has been subsumed into a failure to comply notice	<p>Additional alcohol gel dispensers are in place in the home, together with visible signage, regarding use.</p> <p>Signage regarding procedure for hand-washing is available beside all hand-basins.</p> <p>Infection control audits are now in place and are regularly carried out, to identify all issues relating to infection control, in addition to those identified during the July 17th inspection.</p> <p>The infection control Nurse in the Home has been nominated and their name is identifiable</p>	In line with the notice

				<p>on the notice board in the staff room.</p> <p>Cleaning schedules are being re-designed, to include for a deep cleaning regime and these will be displayed in signage holders, discretely displayed in each room. Cleaning schedules will be forwarded to the Home Manager on a weekly basis.</p> <p>Many of the chairs in the home have either been replaced or re-upholstered. A cleaning schedule for chairs has been put in place, to monitor same.</p>	
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13	10 (1)	<p>Given the number of requirements issued for a second time in respect of day to day operational issues and governance, such as appraisal, supervisions etc.; it is required that the registered provider reviews the role and function of the registered manager to ensures that the registered manager can fulfil her role in accordance with regulations.</p> <p>Ref: Section 4 (requirement 14)</p>	This requirement has been subsumed into a failure to comply notice	At the time of submission, there is an interim manager in post. The responsible person has been provided with a proposed structure of support for the home manager. This includes having 2 nurses at ward sister level and one deputy manager, in post.	In line with the notice
14	10 (2)	<p>The registered provider shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the nursing home.</p> <p>Ref: Section 4 (requirement 15)</p>	This requirement has been subsumed into a failure to comply notice	The registered manager has undertaken or is scheduled to undertake training pertinent to his role. Training to date has included: Protection of Vulnerable Adults. Moving and Handling, First Aid, CPR, Infection Control, Challenging Behaviour. Training has been scheduled for the responsible person to attend labour relations training; and in recruitment and selection training.	In line with the notice
15	29 (1) (2) and (3)	<p>It is required that the registered provider/nominated person commences visits in accordance with regulation 29.</p> <p>The report of the monthly monitoring visit must be comprehensive. The registered person/nominated person must review all</p>	Three	The registered provider has undertaken training with regards to the completion of the regulation 29 monthly monitoring visits. At present, the registered provider has nominated an external person	From the time of the inspection

		<p>aspects and associated documentation detailed on the report template.</p> <p>Ref: Section 4 (requirement 16)</p>		<p>to complete the monitoring visits and copies of same are available for inspection in the Home Manager's Office.</p>	
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16	29 (4)	<p>It is required that the person carrying out the visit shall –</p> <p>(b) inspect the premises of the nursing home, its record of events and records of any complaints; and</p> <p>(c) prepare a written report on the conduct of the nursing home.</p> <p>Guidance is available on the RQIA's web site as to the layout and content of the report.</p> <p>Ref: Section 4 (requirement 18)</p>	Three	<p>The newly devised reporting template directly addresses componentets (a), (b) and (c), as outlined in Section 4 (Requirement 18) in the main body of the inspection report, namely:</p> <p>Incorporating patients' views and those of their representatives and those of staff members; and</p> <p>Reviewing of incident reports, notifiable events and records of complaints.</p> <p>An action plan for same will be filed alongside the written report and will be available for inspection on request.</p>	From the time of the inspection
17	29 (5)	<p>It is required that the registered provider , sends in a copy of the regulation 29 visit report to RQIA for a period of three months from the issuing of this QIP.</p> <p>Ref: Section 4 (requirement 19)</p>	This requirement has been subsumed into a notice of proposal	The regulation 29 report will be submitted to RQIA for three months.	In line with the notice
18	15 (1) (a)	<p>It is required that the registered person shall ensure that registered nurses, at the time of a patient's admission to the home, undertake a comprehensive, holistic assessment of the patients care needs.</p> <p>Ref: Section 4 (requirement 21)</p>	Three	Due to enforcement action, new admissions to the home are restricted. All current patients' care files are in the process of being re-written, to ensure that assessment of needs are reflective of current	From the time of the inspection

				<p>need.</p> <p>In the future, all new admission care files will be audited by the Home Manager or nominated person, 24 hours post-admission and following 7 days, post-admission.</p> <p>All registered nurses have been issued with NMC guidance on Record Keeping and a signed receipt for same, retained by the Home Manager.</p> <p>Care file audits will commence October 2014, to ensure that assessments are consistently reviewed.</p> <p>All registered nurses have been reminded of their professional responsibility, in relation to completing their allocated assessments on a monthly basis.</p> <p>Registered nurses have also been provided with instruction regarding their responsibilities in updating relevant needs assessments in relation to significant patient changes.</p>	
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				<p>The abbey pain scales are included in the monthly reviews and are now retained in the patients drug kardexes, in order for effectiveness of analgesia administered, to be assessed.</p>	
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19	12 (1)	<p>It is required that care plans to manage any type of wound are devised in accordance with evidence based practice and regional guidance.</p> <p>For example, one care plan for each wound and use of the wound observation chart.</p> <p>Ref: Section 4 (requirement 22)</p>	This requirement has been subsumed into a failure to comply notice	<p>The home currently does not have any pressure sores in the home. For future admissions/occurrences, auditing of wounds will include presence and correct completion of: Care Plans; Wound observation Chart; Incident report; Updated Braden; Repositioning records; Photographic wound documentation; Notification to RQIA and other relevant authority; Inclusion of advice from the specialist tissue viability nurse; and provision of pressure relieving devices.</p> <p>A wound care folder will be devised and available for reference. This will contain all relevant policies and procedures, based on evidence based practice and regional guidance.</p>	In line with the notice
20	17 (1)	It is required that the registered person/s ensures that the monitoring and audit of care records, in general, is undertaken on a regular basis and included as part of the overall quality assurances system of the	This requirement has been subsumed into a failure to comply notice	Care file audits are being developed and will be carried out on a monthly basis by a nominated person(s).	In line with the notice

		<p>home.</p> <p>Evidence of action taken to address identified deficits must be maintained.</p> <p>Ref: Section 4 (requirement 23)</p>		<p>A system is in progress to communicate identified deficits to the responsible nurses.</p>	
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21	30	<p>It is required that any changes/decrease to the planned staffing levels are notified to RQIA.</p> <p>Staffing levels must be in accordance with RQIA's staffing guidance for nursing homes, 2009.</p> <p>Ref: Section 4 (requirement 25)</p>	This requirement has been subsumed into a failure to comply notice	<p>Staffing levels are in accordance with RQIA's staffing guidance for nursing homes, 2009.</p> <p>A copy of same is available in the off-duty folder, for staff reference.</p> <p>In addition, a memo regarding what is notifiable to RQIA and other relevant agencies, is available to staff.</p> <p>Any instance of the home falling below the minimum standards have and will continue to be reported to RQIA.</p> <p>A 'Know Your Ratios' Memo has been posted to the notice board in the nurses station, to ensure that staff are aware of the staff : patient ratios and the 35% registered nurse:carer requirement.</p>	In line with the notice
22	12 (1) (a) and (b)	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 –	One	The statement of purpose is being re-written to reflect the ethos of care within the home. This statement of purpose will replace the current version, that	From the time of the inspection

		<p>(a) Meet his individual needs; (b) Reflect current best practice</p> <p>The registered manager must ensure staff afford a high standard of personal care to patients and systems have been implemented to monitor personal care afforded to patients</p> <p>Ref: Section 4.2 Post Inspection</p>		<p>is now being displayed at the front entrance to the home.</p> <p>All staff will be encouraged to read this document.</p> <p>All staff are responsible for ensuring care is provided, with respect to each patients' human rights and that any patient refusing assistance with personal care, should have this documented. Techniques for gaining consent to assist with some personal care will be sought form the GP, patient representatives and other allied health professionals.</p> <p>The registered nurses are reminded of their accountability in relation tho this and their role in supervising care staff, with regards to carrying out personal care and other delegated duties.</p> <p>The system of carer reporting will be formailised, to assist the registered nurses in completing their daily observation notes.</p> <p>The home is responsible for the provision of toiletries. Any</p>	
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				<p>need for additional/appropriate clothing will be conveyed to the patients' representatives. There is a central post-holder in the nurses station, where communications for patients' representatives will be held.</p> <p>The home has provided sufficient supply of sunhats and sunscreen and the courtyard area has recently been furnished with a picnic table, seating and umbrella.</p> <p>Deficits in the operational running of the laundry are being addressed, to ensure that the laundry process is not contributing to clothes being unavailable for patients.</p>	
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23	18 (2) (c)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients –</p> <p>(c)provide in rooms occupied by patients adequate furniture, bedding and other furnishings, including curtains and floor coverings, and equipment suitable to the needs of patients and screens where necessary;</p> <p>The registered manager must ensure all furniture and bedding in patients' bedrooms are of good quality and meet the needs of patients.</p> <p>Ref: Section 4.2 Post Inspection</p>	One	<p>An audit of each patients needs and bedrooms was carried out and a significant amount of furniture was purchased and is now in place.</p> <p>Bedside lockers were replaced in the majority of bedrooms.</p> <p>If deemed to be in a state of disrepair or if malodorous, beds were replaced.</p> <p>Siderails were removed and new ones put in place.</p> <p>Bedroom flooring has been replaced, as necessary.</p> <p>Vanity units surrounding sinks were either repaired or renewed, as deemed necessary.</p> <p>Bed linen has been replaced.</p> <p>Hoist slings have been purchased for each patient and holding hooks to each room for these to be stored.</p> <p>Sliding sheets are now available for each patient that</p>	From the time of the inspection
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				requires one. Commodes have been purchased and are now available for use.	
24	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>The registered manager must ensure there are robust systems in place to monitor the cleanliness of the home. Any audit undertaken in relation to cleanliness must evidence that remedial action has taken place where shortfalls had been identified.</p> <p>Ref: Section 4.2 Post Inspection</p>	One	<p>As outlined under requirement 12, on page 9 above, hygiene/infection control audits are now being carried out regularly. Details of remedial action taken will be recorded on the audit tool and will be referenced prior to completion of subsequent audits.</p> <p>The maintenance person will provide a re-decoration schedule, together with a room-check recording table, that will be submitted to the home manager on a regular basis.</p>	From the time of the inspection

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	28.8	It is recommended staff maintain a reflective learning log following the receipt of any training. The effect of training on practice should be evaluated as part of quality improvement. Ref: Section 4 (recommendation 1)	Three	The effectiveness of training will be evaluated, as part of the ongoing quality assurance processes within the home. Staff are encouraged to reflect on their practice and to use a reflective learning log, to identify both positive effects and/or deficits in learnings.	By the end of December 2014
2	25.11	It is recommended that the implementation of 'focused' care record audits be considered as discussed. This will enable the registered manager to evidence day to day operational control. Ref: Section 4 (recommendation 2)	This recommendation has been subsumed into a failure to comply notice	The care file audit now is use is deemed to be 'focused', in terms of the specifics that are being audited. There is a system in place, whereby the audit is signed, photocopied and given to each primary nurse, for returning to Home Manager, to confirm corrective action completed. Original copies will be maintained in the manager's office.	In line with the notice
3	25.11	It is recommended a system to re-evaluate any shortfalls noted during audits undertaken in the home is introduced. The registered	This recommendation has been	As outlined in section 2 (above), the new care file auditing system aims to	In line with the notice

		<p>manager should confirm shortfalls have been addressed in a timely manner.</p> <p>Ref: Section 4 (recommendation 3)</p>	<p>subsumed into a failure to comply notice</p>	<p>address communicating shortfalls identified in care file auditing to the associated primary nurse. It is intended that the primary nurse will confirm to the Home Manager that any shortfalls have been addressed within a specific time frame.</p>	
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4	12.4	<p>It is recommended the daily menu is displayed in a suitable format and in an appropriate location, so that patients and their representatives know what is available at each mealtime.</p> <p>Ref: Section 4 (recommendation 4)</p>	Two	The daily menu will be available in pictorial form, identifying the meal that is being served, for each meal, rather than three meals being displayed on one page.	From the time of this inspection
5	12.3	<p>It is recommended the menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.</p> <p>A choice is also offered to those on therapeutic or specific diets.</p> <p>Records of the food eaten should evidence this.</p> <p>Ref: Section 4 (recommendation 5)</p>	This recommendation has been subsumed into a failure to comply notice	<p>Food intake records have been re-formatted to allow recording of the exact meal provided to patients. Food intake is also being recorded in percentage format.</p> <p>Those on therapeutic or specific diets will be offered a choice.</p> <p>Menu cards will be completed by care staff in advance, to facilitate the catering staff.</p> <p>Catering staff have been provided with a list of therapeutic/specific diets and it is planned that the catering staff are informed, at the time of admission, regarding patients' likes/dislikes, specific diets etc.</p>	In line with the notice
6	26	It is recommended that policies and procedures are devised which reflect legislative requirements and best practice guidance for governance arrangements and quality assurance processes.	Two	<p>The policies and procedures folder for the home is currently in the possession of the PSNI.</p> <p>The home has requested that this be returned, in order for</p>	From the time of this inspection

		Ref: Section 4 (recommendation 6)		the policy on quality assurance processes to be updated for inclusion of annual quality audits and monthly monitoring reports. In the interim, patient representatives are being advised that the monthly monitoring reports are available to read (Certain parts may be redacted, if the detail readily identifies a patient or staff member).	
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7	28	<p>It is recommended that when an employee completes their induction programme, that the registered manager reviews the induction document to ensure it is complete, validates the employee's knowledge and skills and confirms the successful completion of the induction programme.</p> <p>Ref: Section 4 (recommendation 7)</p>	<p>This recommendation has been subsumed into a failure to comply notice</p>	<p>As outlined in 'Detail of Action taken' under Requirement 5, on page 5 of this QIP, a programme of 'reinduction' will commence, utilising a new induction form.</p> <p>This will be signed off by the Home Manager if and when competency has been achieved.</p> <p>Each head of department will be assigned responsibility for ensuring that the inductions are complete.</p> <p>Registered nurses will be responsible for ensuring that the inductions assigned to them are complete, before being signed by the Home Manager.</p>	<p>In line with the notice</p>
8	30.4	<p>It is recommended that when a registered nurse completes their nurse in charge of the home competency and capability assessment, that the registered manager reviews the document to ensure it is complete, validates the registered nurse's knowledge and skills and confirms that the registered nurse can take charge of the nursing home in their absence.</p>	<p>This recommendation has been subsumed into a failure to comply notice</p>	<p>As outlined under Requirement 8, on page 7 of this QIP, competency and capability assessments have been completed for all registered nurses in relation to the responsibility of being in charge of the home.</p>	<p>In line with the notice</p>

		Ref: Section 4 (recommendation 8)		<p>A new format has been devised, detailing competency in relation to: Safeguarding of Vulnerable Adults; and requirements of reporting to RQIA and other agencies of notifiable events.</p> <p>The Nurse in Charge Competency will be validated by the Home Manager.</p> <p>Agency nurses who are assuming 'In Charge of Home' responsibilities will have their profiles filed in the off-duty book and an induction completed, to satisfy the nurse leaving duty, that the agency nurse has been inducted to the home and that their competencies in relation safeguarding of vulnerable adults and requirements of reporting to relevant agencies is known.</p>	
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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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Aveen Donnelly
Name of Responsible Person / Identified Responsible Person Approving Qip	Raymond Murphy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Heather Sleator</i>	<i>03/12/2014</i>
Further information requested from provider			