



The Regulation and
Quality Improvement
Authority

Announced Enforcement Compliance Inspection

Name of Establishment: Colinvale Court
Establishment ID No: 1074
Date of Inspection: 6 and 7 October 2014
Inspector's Name: Heather Sleator
Inspection ID INO20713

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:	Aveen Donnelly, temporary nurse manager
Categories of Care:	DE - dementia
Number of Registered Places:	50
Number of Patients Accommodated on Day of Inspection:	39
Date and Type of Previous Inspection:	Unannounced Secondary Inspection 17 July 2014
Date and Time of Inspection:	6 October 2014 09:40 hours – 17:45 hours 7 October 2014 09:40 hours – 17:00 hours
Name of Inspector:	Heather Sleator Lorraine Wilson

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 announced inspection to assess the level of compliance achieved with 10 Failure to Comply Notices issued on 8 August 2014.

The report details the extent to which compliance has been achieved and if any further actions are required.

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 aim of the inspection was to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the Failure to Comply Notices issued on 8 August 2014.

FTC Ref: FTC/NH/1074/2014-15/01
 FTC/NH/1074/2014-15/02
 FTC/NH/1074/2014-15/03
 FTC/NH/1074/2014-15/04
 FTC/NH/1074/2014-15/05
 FTC/NH/1074/2014-15/06
 FTC/NH/1074/2014-15/07
 FTC/NH/1074/2014-15/08
 FTC/NH/1074/2014-15/09
 FTC/NH/1074/2014-15/10

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 Registered Provider, Raymond Murphy
- Discussion with the temporary Nurse Manager, Aveen Donnelly and management consultant, Deborah Octar Campbell
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with two visiting relatives
- Review of a sample of staff training records
- Review of a sample of staff duty rota
- Review of a sample of care plans
- Examination of the environment
- Observation of the dining experience for patients
- Review of the documentation relating to staff supervision and appraisal
- Evaluation and feedback at the conclusion of the inspection.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the 10 Failure to Comply Notices issued 8 August 2014:

1. FTC Ref: FTC/NH/1074/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

12 (4) The registered person shall ensure that food and fluids –

- (a) are provided in adequate quantities and at appropriate intervals;
- (b) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (c) are suitable for the needs of patients;
- (d) provide choice for the patients; and
- (e) that the menu is varied at suitable intervals.

2. FTC Ref: FTC/NH/1074/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 15 (2) (a) and (b)

(2) The registered person shall ensure that the assessment of the patient's needs is –

- (a) kept under review; and
- (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.

3. FTC Ref: FTC/NH/1074/2014-15/03

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 16 (1) and 16 (2) (a) and (b)

- (1) The registered person must ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.
- (2) The registered person must ensure that –

- (a) the patient's plan is available to the patient;
- (b) the patient's plan is kept under review;

4. FTC Ref: FTC/NH/1074/2014-15/04

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (7)

(7) The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.

18 (2) (j)

(2) The registered person must have regard to the size of the nursing home and the number and needs of patients –

(j) keep the nursing home free from offensive odours;

5. FTC Ref: FTC/NH/1074/2014-15/05

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (1)

(1) The registered provider and the registered manager must, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

6. FTC Ref: FTC/NH/1074/2014-15/06

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (2) (a)

(2) If the registered provider is –

(a) an individual, he must undertake;
from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the nursing home.

7. FTC Ref: FTC/NH/1074/2014-15/07

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (1) (a)

- (1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –
 - (a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

8. FTC Ref: FTC/NH/1074/2014-15/08

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20(1) (c) (i)

- (1) The registered person must, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –
 - (c) ensure that the persons employed by the registered person to work at the nursing home receive –
 - (i) appraisal, mandatory training and other training appropriate to the work they are to perform; and

9. FTC Ref: FTC/NH/1074/2014-15/09

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (2)

- (2) The registered person must ensure that persons working at the nursing home are appropriately supervised.

10. FTC Ref: FTC/NH/1074/2014-15/10

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (3)

- (3) The registered person must ensure that at all times a nurse is 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 of time in his absence.

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

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

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

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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 registered manager is Ms Stephanie Shannon; however, as Ms Shannon was on unplanned leave, a temporary manager has been in post August 2014.

Accommodation for patients is provided on both floors of the home. Accommodation for 45 patients is on the ground floor. 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.

Communal lounge and dining areas are provided. The ground floor of the home provides four lounge and domestic style kitchen/dinette areas. Bedrooms are located off the corridors close to a lounge area.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary 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 services examined during an announced enforcement compliance inspection to Colinvale Court Nursing Home. The inspection was undertaken by Heather Sleator and Lorraine Wilson on 6 October 2014 from 09:40 to 17:45 hours and 7 October 2014 from 09:40 hours to 17:00 hours.

The inspectors were welcomed into the home by Aveen Donnelly temporary nurse manager and Deborah Ocktar Campbell, management consultant who were available throughout the inspection.

Verbal feedback of the issues identified during the inspection was given to Raymond Murphy, responsible person, Aveen Donnelly and Deborah Ocktar Campbell at the conclusion of the inspection.

The purpose of the inspection was to assess the level of compliance achieved by the home with the 10 Notices of Failure to Comply with Regulations issued on 8 August 2014.

During the course of the inspection, the inspectors met with patients, staff and two relatives. The inspectors observed care practices, examined a selection of records carried out a general inspection of the nursing home environment as part of the inspection process. As a result of the previous inspection conducted on 17 July 2014, 24 requirements and 8 recommendations were issued. These were also reviewed during this inspection.

The inspectors evidenced that 12 requirements were compliant, one requirement was substantially compliant, eight requirements were moving towards compliance, three requirements were not compliant and one requirement was not assessed.

It should be noted that one requirement was divided as it encompassed two requirements i.e. regulation 15 and 16.

Regulation 15 with regard to assessment was compliant and regulation 16 with regard to the patients' plan of care was moving towards compliance.

Two recommendations were substantially compliant, two were moving towards compliance, one recommendation was not compliant and three recommendations were not assessed.

Details of the findings can be viewed in the section immediately following this summary.

Conclusion

Evidence was available to validate full compliance with the following four Failure to Comply Notices;

FTC/NH/1074/2014-15/02
FTC/NH/1074/2014-15/04
FTC/NH/1074/2014-15/06
FTC/NH/1074/2014-15/07

The inspectors were unable to validate full compliance with the following notices;

FTC/NH/1074/2014-15/01
FTC/NH/1074/2014-15/03
FTC/NH/1074/2014-15/05
FTC/NH/1074/2014-15/08
FTC/NH/1074/2014-15/09
FTC/NH/1074/2014-15/10

In acknowledging that some improvement was evidenced in addressing the above failure to comply notices, the improvements were insufficient to demonstrate full compliance. An extended period of time was granted by RQIA to enable the necessary improvements to be made. Compliance must be achieved by 8 November 2014.

Conclusion

At the time of this inspection the delivery of care to patients' evidenced improvement, and this was also confirmed by two relatives who met with the inspectors. Relatives stated they could see a vast improvement in the home, also stating they felt more welcomed by staff.

The home's general environment was observed to be clean and well maintained and patients were observed to be treated with dignity and respect.

Staff consulted confirmed that they had a greater understanding of the needs of patients with dementia and confirmed that issues raised by staff were being effectively addressed.

Thirteen requirements and 11 recommendations have been made as a result of this inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank patients, interim management support, registered nurses, staff and relatives for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's 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>The inspectors were unable to verify this requirement had been addressed. The inspectors were informed nursing staff were in the process of rewriting nursing care records. At the time of inspection 24 care records had been updated and rewritten. Four care records, were reviewed, two of which had been rewritten and updated, and two which had not been reviewed.</p> <p>There was no evidence to support patients and/or their representatives were consultation in relation to the planning of care needs. The temporary nurse manager advised inspectors that a letter had been sent to all relatives inviting them to meet with nursing staff to discuss their relatives' plan of care. At the time of inspection no relatives had made arrangements with the home to discuss their relatives care plan.</p>	Moving towards Compliance

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>The inspectors verified that the assessment of needs and validated risk assessments were present for patients and were in accordance with regulation and professional guidance.</p> <p>As indicated in requirement 1, nursing staff were in the process of updating all care records. Twenty four care plans had been updated, and assurances were given that the remaining 15 care records would be completed within a three week time frame.</p>	<p>15 (1) and (2) (b) was assessed as compliant.</p> <p>16 (1) and (2) was assessed as moving towards compliance.</p>
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>The inspectors were unable to verify this requirement had been fully addressed. The inspectors reviewed the staff training records. The review of the training records evidenced training had been undertaken and completed in the following areas;</p> <ul style="list-style-type: none"> • Safeguarding of vulnerable adults • Infection control • Basic first aid • Fire safety <p>Evidence of training was not present in;</p> <ul style="list-style-type: none"> • Food hygiene • Dementia awareness (planned for 29 October 2014) • Moving and handling – 17 staff have yet to complete this training 	<p>Moving towards Compliance</p>

			<p>Any other training relevant to roles and responsibilities;</p> <p>The inspectors were informed nursing staff had completed training in wound care management, promotion of continence and dysphagia however the information as to nursing staff who had attended was not available.</p>	
4	19 (2) Schedule 4 (6 g)	Accurate records of training must be maintained in accordance with minimum standards.	<p>The inspectors were unable to verify this requirement had been addressed.</p> <p>The review of the staff training matrix evidenced staff who had attended mandatory training. A record should also have been maintained of any other training undertaken by staff members.</p>	Moving towards Compliance

5	20 (1) (a)	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>The inspectors were unable to verify this requirement had been addressed. The inspectors were informed that from the date of the previous inspection undertaken on 17 July 2014 there has been no newly appointed staff.</p> <p>Discussion took place regarding the induction/orientation made available to agency staff. The induction/orientation records maintained for agency staff. A review of a sample of records did not evidence that agency staff member(s) had signed and dated the induction/orientation record to verify receipt of the information.</p>	Moving towards Compliance
6	20 (2)	The registered person shall ensure that persons working in the nursing home are appropriately supervised.	The inspectors were unable to verify this requirement had been fully addressed. The inspectors reviewed associated documentation. A supervision planner displayed in the nursing office evidenced that 11 of the 49 staff employed in the home had completed formal supervision. The remaining staff must also have formal supervision completed.	Moving towards Compliance

7	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive appraisal.	<p>The inspectors were unable to verify this requirement had been addressed. The inspectors were informed the appraisal of staff had not commenced. The inspectors were informed the focus had been the completing formal supervision with staff before annual appraisals were completed.</p> <p>The inspectors were also informed that the responsible person, Raymond Murphy had yet to complete training in this area. Training had however, been confirmed for 15 October 2014.</p>	Not Compliant
8	20 (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>The inspectors were unable to verify this requirement had been fully addressed. The inspectors reviewed the competency and capability assessments for the permanent nursing staff of the home. The assessments had been reviewed and updated and signed by the nurse and interim managers.</p> <p>The inspectors were unable to verify the competency of agency nursing staff who may be in charge of the home. The review of documentation submitted to the home regarding agency staff did not, in all instances, evidence a statement of competency completed by the referring agency. This information should also be present.</p>	Substantially Compliant

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>The inspectors did not assess this requirement at the time of inspection and assessment will take place at the next inspection.</p>	Not Assessed
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>	<p>The inspectors verified this requirement had been addressed, by undertaking an inspection of the premises, and observing that all split bedroom doors had been replaced with fire doors.</p>	Compliant

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>The inspectors were unable to verify this requirement had been addressed, as information provided indicated this training had yet to be provided for care staff.</p>	Not Compliant
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>The inspectors verified this requirement had been addressed. A satisfactory standard of cleanliness and infection control was observed throughout the home.</p> <p>The review of staff training records evidenced all staff had completed training in infection control.</p> <p>Cleaning schedules examined indicated that the schedules had been diligently completed, however a recommendation has been made that the schedules in use are reviewed and updated, to evidence that all areas of the home</p>	Compliant

			are included, for example, staff toilet and staff room. The cleaning schedules should also evidence a systematic plan, for daily, weekly and monthly cleaning tasks.	
13	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 registered manager to ensure that the registered manager can fulfil her role in accordance with regulations.	<p>The inspectors were unable to verify this requirement had been fully addressed. The registered manager has been on leave and was not available at the time of inspection. A temporary nurse manager has assumed managerial responsibilities in the interim.</p> <p>The inspectors reviewed governance arrangements in the home including supervision and appraisal. Whilst it was evident some improvements have been made, aspects of this requirement require to be actioned further.</p>	Moving towards Compliance

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>The inspectors verified this requirement had been addressed. The inspectors reviewed the training record of the responsible person, Raymond Murphy.</p> <p>Evidence was present that Mr Murphy had completed areas of regulatory training, for example; safeguarding of vulnerable adults, fire safety and moving and handling. Further training in management areas in incorporating annual appraisal and supervision is scheduled for 15 October 2014.</p>	Compliant
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 aspects and associated documentation detailed on the report template.</p>	<p>The inspectors verified this requirement had been addressed.</p> <p>The monthly monitoring visit has been allocated to a nominated person. The nominated person has completed a report following each visit and has submitted the reports to RQIA on a monthly basis from August 2014 in accordance with an imposed condition of registration.</p>	Compliant

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>The inspectors verified this requirement had been addressed. The monthly monitoring visit has been allocated to a nominated person. The nominated person has completed a report following each visit and has submitted the reports to RQIA on a monthly basis from August 2014 in accordance with an imposed condition of registration.</p> <p>The report format is in accordance with RQIA guidance.</p>	Compliant
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>The inspectors verified this requirement had been addressed. The monthly monitoring visit has been allocated to a nominated person. The nominated person has completed a report following each visit and has submitted the reports to RQIA on a monthly basis from August 2014.</p>	Compliant

18	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.	The inspectors verified this requirement had been addressed. Whilst there have been no new admissions to the home from August 2014 the assessment of need of patients had been reassessed. Assessment information was reviewed by the inspectors and found to be more comprehensive. Validated assessment/risk assessment tools had also been reassessed and updated.	Compliant
19	12 (1)	It is required that care plans to manage any type of wound are devised in accordance with evidence based practice and regional guidance. For example, one care plan for each wound and use of the wound observation chart.	The inspectors verified this requirement had been addressed. The inspectors reviewed the care plans and wound care documentation of a patient in receipt of wound care management. Evidence was present that care was being provided in accordance with best practice i.e. NICE guidelines	Compliant

20	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>The inspectors were unable to verify this requirement had been fully addressed. Nursing staff had commenced reassessment of patient care and updating of care documentation. This was still in process at the time of inspection with 15 care plans and associated documentation remaining for completion. Therefore auditing of care records as part of quality assurance systems had not commenced.</p>	<p>Moving towards Compliance</p>
21	30	<p>It is required that any changes/decrease to the planned staffing levels is notified to RQIA.</p> <p>Staffing levels must be in accordance with RQIA's staffing guidance for nursing homes, 2009.</p>	<p>The inspectors verified this requirement had been addressed. The inspectors reviewed the staff duty rota for the weeks commencing 29 September 2014 and 6 October 2014. The review of the duty rota evidenced that staffing levels for the number of patients accommodated during this period were in accordance with RQIA's Staffing Guidance for Nursing Homes 2009.</p> <p>The review evidenced the use of agency staff, for both nursing and care assistants posts. Recruitment of nursing and care staff is ongoing and in the intervening time agency</p>	<p>Compliant</p>

			<p>staff are being utilised to ensure minimum staffing levels are adhered to. As previously discussed the induction/orientation of agency staff requires to be more robust and evidential.</p>	
22	12 (1) (a) and (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <ul style="list-style-type: none"> (a) Meet his individual needs; (b) Reflect current best practice <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>The inspectors were unable to verify this requirement had been fully addressed. Colinvale Court is registered to provide care for persons with dementia. The inspectors were informed the statement of purpose had not been updated or revised to accurately reflect the operation and philosophy of the home i.e. dementia care. The revision of this document must be viewed as a priority and be available in the home by 8 November 2014.</p> <p>A dementia audit had been requested in the failure to comply notice, FTC/NH/1074/2014-15/05, along with the revision of the statement of purpose. The inspectors were informed a dementia audit had not been undertaken. The audit must also be viewed as a priority. An action plan should be developed following the audit detailing how any shortfalls which are identified will be addressed. The action plan should be available by 8 November 2014.</p>	Not Compliant

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>The inspectors verified this requirement had been addressed. The inspectors undertook an inspection of the environment, including any room used or occupied by patients.</p> <p>The inspectors verified an overall improvement in the environment and appearance of the home. New bedroom furnishings and bed linens had been purchased, and in the lounges and communal areas new chairs and two settees' had been purchased. Several dining chairs were also upgraded.</p>	Compliant
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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>The inspectors verified this requirement had been addressed. A review of the environment was undertaken and an improved standard of cleanliness and infection control was observed throughout the home.</p> <p>The staff training records evidenced that all staff had completed training in infection control. As previously stated that whilst the cleaning schedules in use were diligently completed further revision is necessary to evidence that all areas of the home are included, for example, staff toilet and staff room. A systematic plan, to include daily cleaning, weekly cleaning and monthly/deep cleaning tasks.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's 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.	The inspectors did not assess this recommendation at the time of inspection. The recommendation is carried forward for review at the next inspection.	Not Assessed
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.	The inspectors did not assess this recommendation at the time of inspection. The recommendation is carried forward for review at the next inspection.	Not Assessed

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>The inspectors were unable to verify this recommendation had been fully addressed.</p> <p>The review of audits which had been completed i.e. cleanliness, infection control did not evidence a robust system had been established to confirm shortfalls, which had been noted were re-audited.</p>	Moving towards Compliance
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 at each mealtime.	The inspectors were unable to verify this recommendation had been addressed. The inspectors observed the serving of the midday meal. The inspectors observed a rotational menu displayed on a wall in the dining area of each suite. However, the format of the menu did not meet the needs of patients with dementia, for example the use of pictorial menus should be considered. The menu observed was in small print and no orientation cues were provided for patients regarding the weekly menu which was operational. The menu should be displayed in an easy to read and clearly visible format.	Not Compliant

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>The inspectors were unable to verify this recommendation had been addressed. The inspectors reviewed the daily meal choice record for each patient. The record evidenced choice was available. On the first day of inspection the choice was beef casserole or roast chicken. There was evidence a very small number of patients had chosen an alternative. For example one patient had requested roast chicken. A patient requested egg and beans and this choice was provided.</p> <p>The record of meal choice did not evidence that patients requiring a therapeutic diet were provided an alternative. Patients who required a therapeutic diet all received the same meal choice. In keeping with person centred care, staff assisting patients when making their meal choice should act in the patients' best interest, through detailed knowledge of the individual and a meal option which the patient prefers should be offered.</p>	Substantially Compliant
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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.	The inspectors did not assess this recommendation and it is carried forward for review at the next inspection.	Not Assessed
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>The inspectors were unable to verify this recommendation had been addressed, as there had been no newly appointed staff from the date of the previous inspection undertaken on 17 July 2014.</p> <p>Discussion took place regarding the induction/orientation made available to agency staff. The induction/orientation records maintained for agency staff were provided, and the records did not evidence the agency staff member had signed and dated the induction/orientation record to verify receipt of the information.</p>	Moving towards Compliance

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>. The inspectors reviewed the competency and capability assessments for the permanent nursing staff of the home. The assessments had been reviewed and updated and signed by the nurse and interim managers.</p> <p>However, the inspectors were unable to verify the competency of agency nursing staff who may be in charge of the home. The documentation submitted to the home did not, in all instances, evidence a statement of competency completed by the referring agency. As an assurance to the home this information should have been included.</p>	Substantially 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 there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been four notifications to RQIA regarding 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 (BHSCT). Multi agency investigations are ongoing involving the Police Service for Northern Ireland (PSNI) and Belfast Health and Social Care Trust. RQIA were 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.

5.0 Inspection findings

5.1 FTC Ref: FTC/NH/1074/2014-15/01

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (4) (a), (b), (c), (d) and (e)

12 (4) The registered person shall ensure that food and fluids –

- (f) are provided in adequate quantities and at appropriate intervals;
- (g) are properly prepared, wholesome and nutritious and meets their nutritional requirements;
- (h) are suitable for the needs of patients;
- (i) provide choice for the patients; and
- (j) that the menu is varied at suitable intervals.

The inspectors observed the serving of the midday meal on the first day of inspection. There was evidence that the dining experience for patients had greatly improved.

Evidence was present of;

- dining tables which were set in accordance with best practice in dementia care
- a full range of condiments was present
- new crockery and cutlery having been purchased
- the meal was served at the point of service to the patient i.e. individualized
- the quality of the food served was good and there was evidence of food being fortified in accordance with nutritional guidelines.

Improvements continue to be needed in the following areas:

- the organization of the serving of the meal requires attention
- patients were observed having to wait at the table either for the meal to be served or for the serving of the second course, this can be problematic
- meals were observed being served to patients who require assistance with eating. A significant time period was observed for some patients before staff provided the assistance required with the meal. The meal was therefore not served at the correct temperature.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice.

5.2 FTC Ref: FTC/NH/1074/2014-15/02

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 15 (2) (a) and (b)

(2) The registered person shall ensure that the assessment of the patient's needs is –

(a) kept under review; and

(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.

The inspectors were informed that nursing staff were reassessing and rewriting patients care records. Of the 39 patients in the home, 24 care records have been re-assessed.

The remaining 15 care records have been reassessed and are awaiting transcription using new care documentation. The inspectors were satisfied following the review of documentation that the assessment of patient need had been reviewed.

Evidence was provided to have fully complied with the requirements of the Failure to Comply Notice.

5.3 FTC Ref: FTC/NH/1074/2014-15/03

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 16 (1) and 16 (2) (a) and (b)

(1) The registered person must ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.

16 (2) the registered person must ensure that –

- (a) the patient's plan is available to the patient;
- (b) the patient's plan is kept under review;

The review of four patients care records did not evidence patients and/or their representatives were involved in the care planning process.

The review of care plans did evidence that care plans had been reassessed and as previously stated new care documentation was in the process of being introduced. There was evidence that as part of this process letters were issued to relatives inviting them to contribute to the revised care plans which were being implemented, at the time of inspection, there was no evidence that the offer had been taken up.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice.

a. FTC Ref: FTC/NH/1074/2014-15/04

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (7)

(7) The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.

18 (2) (j)

(2) The registered person must have regard to the size of the nursing home and the number and needs of patients –

(j) keep the nursing home free from offensive odours;

All areas of the home were inspected and inspectors observed that the home was clean and fresh smelling.

There were no issues regarding cleanliness and hygiene evident.

In relation to infection and prevention control, a number of store areas examined included carpet. An assurance was provided that this would be replaced with washable flooring.

The review of staff training records evidenced all staff had completed infection control training and a link nurse for infection control had been identified. The link nurse had undertaken an infection control audit.

The cleaning schedules reviewed had been diligently completed. However a recommendation has been made that cleaning schedules become more robust and include, for example, daily, weekly tasks and monthly/deep cleaning tasks.

The inspectors were informed that whilst sufficient housekeeping staff were employed to meet the needs of patients living in the home interim management were endeavoring to revise the housekeeping rota to provide housekeeping cover until at least 18:00 hours daily. Confirmation was provided that this is proving problematic however management have confirmed they will ensure housekeeping support is provided until later in the day.

Evidence was provided to have fully complied with the requirements of the Failure to Comply Notice.

b. FTC Ref: FTC/NH/1074/2014-15/05

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (1)

- (2) The registered provider and the registered manager must, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

The registered manager has been on leave since August 2014, and a temporary nurse manager has been appointed to take charge of the home for a period not exceeding three months.

The inspectors requested to review the home's statement of purpose which required revision to demonstrate the operation and ethos of the home in providing dementia care. There was no evidence the statement of purpose had been revised. This should be viewed as a priority as the statement of purpose is the operational guidance of the home.

A dementia audit of the environment and working practices was also to be undertaken, however, the inspectors were informed the audit had not yet been completed. This should also be viewed as a priority and an action plan made available of the remedial action to be taken where shortfalls were identified.

The inspectors evidenced that work regarding the supervision process, staff training programme had been implemented. Whilst the home had vacancies for nursing staff, staffing levels were in accordance with RQIA's staffing guidelines. Quality assurance systems had been reviewed and the process of updating these systems had commenced.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice.

c. FTC Ref: FTC/NH/1074/2014-15/06

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 10 (2) (a)

(2) If the registered provider is –

(a) an individual, he must undertake;
from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the nursing home.

The staff training record of the responsible person, Raymond Murphy was reviewed, and evidenced that Mr Murphy had completed regulatory training in the following areas, safeguarding of vulnerable adults, fire safety and moving and handling.

Further training is scheduled to be completed on 15 October 20124, in annual appraisal and supervision.

Mr Murphy had also completed a 1:1 information session regarding the responsibilities of the person undertaking the monthly monitoring report, regulation 29 reports.

However, Mr Murphy informed the inspectors at the time of feedback he did not intend to undertake these visits and supply a report in the future. This will be allocated to a nominated person in future.

Evidence was provided to have fully complied with the requirements of the Failure to Comply Notice.

d. FTC Ref: FTC/NH/1074/2014-15/07

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (1) (a)

- (2) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –
- (b) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

The inspectors reviewed the staff duty rota for the weeks commencing 29 September 2014 and 6 October 2014. The review of the duty rota evidenced that staffing levels for the number of patients accommodated during this period were in accordance with RQIA's Staffing Guidance for Nursing Homes 2009.

The review evidenced the use of agency staff, both nursing and care assistants posts. The home is actively recruiting nursing and care staff and in the intervening time agency staff are being utilized to ensure minimum staffing levels are adhered to. The inspectors discussed the need for the induction/orientation of agency staff to be more robust and evidential.

Evidence was provided to have fully complied with the requirements of the Failure to Comply Notice.

e. FTC Ref: FTC/NH/1074/2014-15/08

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20(1) (c) (i)

(3) The registered person must, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

(c) ensure that the persons employed by the registered person to work at the nursing home receive –

(ii) appraisal, mandatory training and other training appropriate to the work they are to perform; and

At the time of inspection the inspectors were unable to evidence that the appraisal of staff had taken place. The inspectors reviewed the staff training records. The review of the training records evidenced training had been undertaken and completed in the following areas;

- Safeguarding of vulnerable adults
- Infection control
- Basic first aid
- Fire safety

The following training requires to be completed:

- Food hygiene
- Dementia awareness (planned for 29 October 2014)
- Moving and handling – 17 staff have yet to complete this training

Any other training relevant to management and staff roles and responsibilities;

The inspectors were informed nursing staff had completed training in wound care management, promotion of continence and dysphagia however the information as to which nursing staff had attended was not available.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice.

f. FTC Ref: FTC/NH/1074/2014-15/09

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (2)

(2)The registered person must ensure that persons working at the nursing home are appropriately supervised.

A supervision planner displayed in the nursing office evidenced that 11 of the 49 staff employed in the home had completed formal supervision. The remaining staff must also have formal supervision completed.

. It is the expectation that all staff will have completed formal individual supervision by 8 November 2014.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice

g. FTC Ref: FTC/NH/1074/2014-15/10

Regulation not complied with:

The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 20 (3)

- (3) The registered person must ensure that at all times a nurse is 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 of time in his absence.

The inspectors reviewed the competency and capability assessments for the nursing staff permanently employed by the company. The assessments had been reviewed and updated and signed by the nurse and interim managers.

The inspectors were unable to verify the competency of agency nursing staff who may be in charge of the home. The review of documentation submitted to the home regarding agency staff did not, in all instances, evidence a statement of competency completed by the referring agency. This information should also have been present.

Evidence was not provided to have fully complied with the requirements of the Failure to Comply Notice

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Raymond Murphy, Aveen Donnelly and Deborah Ocktar Campbell, 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**



Quality Improvement Plan

Announced Enforcement Compliance Inspection

Colinvale Court

6 and 7 October 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 Raymond Murphy, responsible person, Aveen Donnelly, temporary nurse manager and Deborah Octar Campbell, management consultant 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)	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. Ref: Section 4 requirement 1	This requirement has been subsumed into a failure to comply notice	Care plans have been reviewed and rewritten for all patients in the home. There are currently 37 patients. Families have been written to, telephoned and asked at Relatives Meetings to review and sign the care files, the response has been poor and Nurses are still following up with families.	In line with the notice.
2	16 (1) and (2)	The written plan of care is to be in accordance with regulation and professional guidance. Ref: Section 4 requirement 2	This requirement has been subsumed into a failure to comply notice	Care Plans have been written in accordance with regulation and professional guidance. Each careplan reflects a person centred assessment, risk assessments and focus on the patient with Dementia.	In line with the notice.
3	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive mandatory training. Ref: Section 4 requirement 3	This requirement has been subsumed into a failure to comply notice	All Staff have attended mandatory training between August 2014 and December 2014. There is a matrix in place that will be updated on an ongoing basis to manage and monitor compliance appropriately going forward.	In line with the notice.
4	19 (2) Schedule 4 (6 g)	Accurate records of training must be maintained in accordance with minimum standards.	This requirement will be monitored in	There is a matrix in place that will be updated on an ongoing basis to manage and monitor	In line with the notice.

		<p>Ref: Section 4 requirement 4</p>	<p>accordance with the failure to comply notice</p>	<p>compliance appropriately going forward. This will include additional training aswell as mandatory. Training content is held on file in the office. Staff are maintaining a CPD file of reflective practice.</p>	
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5	20 (1) (a)	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. Ref: Section 4 requirement 5	This requirement has been subsumed into a failure to comply notice	A template for induction has been prepared and ready for use. There have been no new appointments to the home since August to validate the tool.	In line with the notice.
6	20 (2)	The registered person shall ensure that persons working in the nursing home are appropriately supervised. Ref: Section 4 requirement 6	This requirement has been subsumed into a failure to comply notice	Staff Supervision Matrix is now in place and updated. Management have noted a reluctance by staff to attend supervision and as such have been educating staff that it is supportive and not punitive. This is ongoing with improvement noted.	In line with the notice.
7	20 (1) (c) (i)	The registered person shall ensure all staff employed to work in the nursing home receive appraisal. Ref: Section 4 requirement 7	This requirement has been subsumed into a failure to comply notice	Staff have undergone appraisal with Ibin Paul and Michelle McMillan with a focus on training needs analysis for 2015 to further the development of staff. Raymond Murphy, Responsible Person has completed his Appraisal training as requested.	In line with the notice.
8	20 (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.	This requirement has been subsumed into a failure to comply notice	All Nurses have undergone competency and capability assessments and these have been signed off by the Acting Manager, Aveen Donnelly and currently Ibin Paul.	In line with the notice.

		Ref: Section 4 requirement 8			
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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 9</p>	Three	This requirement was not reviewed on this occasion and is carried forward for review.	Not Assessed.
10	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 11</p>	This requirement has been subsumed into a failure to comply notice	Food Hygiene Training has now been provided by Trackars Healthcare.	In line with the notice.

11	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 ensure that the registered manager can fulfil her role in accordance with regulations.</p> <p>Ref: Section 4 requirement 13</p>	This requirement has been subsumed into a failure to comply notice	<p>The Registered Provider has given due consideration to the management of the home. An Interim Manager is in place until the RQIA Closure meeting on the 14/01/15.</p> <p>As such the structure of the Home will change to reflect 1 Registered Manager for Colinvale, supported by a Deputy, Sister/Charge Nurse and Administrator.</p> <p>There is also a Risk Register in place to support and monitor ongoing day to day operational issues and governance. Deborah Otkar-Campbell Consulting Practice will be retained to provide a nominated person and to conduct the monthly Regulation 29 provider report and devise an action plan that is reviewed month on month.</p>	In line with the notice
12	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>	This requirement has been subsumed into a failure to comply notice	<p>Care Plan audits are completed weekly with a minimum of 5 reviewed. The 5 are randomly selected.</p> <p>A Care File is randomly selected during the monthly Managers Home Audit.</p> <p>A Care File is randomly selected during the monthly</p>	In line with the notice

		<p>Ref: Section 4 requirement 20</p>		<p>regulation 29 provider visit. Actions from all audits are issued to the Primary Nurse to address any deficits, these will now be followed up in a meeting with the Manager and the Primary Nurse on a monthly basis to review and maintain compliance.</p>	
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13	12 (1) (a) and (b)	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –</p> <ul style="list-style-type: none"> (a) Meet his individual needs; (b) Reflect current best practice <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 requirement 22</p>	This requirement has been subsumed into a failure to comply notice	The Home operates to meet the Statement of Purpose. The Quality Assurance Audits and Risk Register will monitor ongoing practice to ensure compliance.	In line with the notice
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Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	28.8	<p>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> <p>Ref: Section 4 (recommendation 1)</p>	Three	This requirement was not reviewed on this occasion and is carried forward for review.	Not Assessed.
2	25.11	<p>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> <p>Ref: Section 4 (recommendation 2)</p>	This recommendation has been subsumed into a failure to comply notice	Care Record Audits are in place to maintain day to day operational control. An increased focus on Dementia Care needs has been highlighted to the team.	In line with the notice.
3	25.11	<p>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> <p>Ref: Section 4 (recommendation 3)</p>	This recommendation has been subsumed into a failure to comply notice	Care Plan audits are completed weekly with a minimum of 5 reviewed. The 5 are randomly selected. A Care File is randomly selected during the monthly Managers Home Audit. A Care File is randomly selected during the monthly regulation 29 provider visit. Actions from all audits are issued to the Primary Nurse to	In line with the notice.

				address any deficits, these will now be followed up in a meeting with the Manager and the Primary Nurse on a monthly basis to review and maintain compliance.	
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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>	Three	<p>3 weekly menu has been devised. Catering staff have been made aware of 'Nutritional Guidelines and Menu Checklist for residential and nursing homes 2014'. A 3 weekly Menu cycle is in place and on display. Pictorial Menus are on the tables displaying the choice for the day.</p>	8 November 2014
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>Choices are available and this is recorded prior to the meal. The residents may still change their minds and an alternative meal will be provided.</p> <p>A choice is offered to those on therapeutic or special diets.</p> <p>Records are retained of food taken.</p>	In line with the notice

6	26	<p>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> <p>Ref: Section 4 (recommendation 6)</p>	Three	<p>Policies and Procedures have been devised to reflect legislative requirements and best practice.</p> <p>A new Risk Register is in place to support the Quality Assurance of the home.</p> <p>A review of all Policies and Procedures will take place in 2015.</p>	8 November 2014
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>	This recommendation has been subsumed into a failure to comply notice	<p>There have been no new employees since the Inspection.</p> <p>Historic inductions have been reviewed and updated to reflect Managerial review and validation.</p>	In line with the notice

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>Ref: Section 4 (recommendation 8)</p>	This recommendation has been subsumed into a failure to comply notice	The Acting Managers have reviewed and signed these records to confirm the Nurse in Charge is competent and capable in their absence.	In line with the notice
9	35.1	<p>It is recommended that the cleaning schedules for the home are revised so as to be more robust. Cleaning schedules should include all areas of the home and detail daily tasks, weekly tasks and monthly or deep cleaning tasks.</p> <p>Ref: Section 4 (requirements 12 and 24)</p>	One	The cleaning schedules have been updated to reflect daily, weekly, monthly and deep cleaning tasks for all areas.	8 November 2014

10	28.1	<p>It is recommended evidence is present to verify agency staff have completed a structured induction and orientation when commencing in the home.</p> <p>Ref: Section 4 (requirement 5)</p>	One	<p>Agencies assess competence and capability of their staff as required under their registration. They then send a member assessment profile to the home pre engagement. An orientation and induction sheet is completed at the home and signed.</p>	8 November 2014
11	12.1	<p>It is recommended the organisation of the serving of meals is revised. Meals should be served in a timely manner to meet patients' needs and at a temperature which is in accordance with nutritional guidelines.</p> <p>Ref: Section 5.1</p>	One	<p>A pilot reorganising meal time routine was successful. Meals are served per unit in baine maries and are probed to ensure temperature maintained. Times of meals are appropriate with appropriate snacks in between meals.</p>	8 November 2014

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	Ibin Paul, Acting Manager supported by Deborah Oktar-Campbell, Independent Healthcare Consultant
Name of Responsible Person / Identified Responsible Person Approving Qip	Raymond Murphy, Responsible Person.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Heather Sleator	07/01/15
Further information requested from provider			