

Unannounced Care Inspection Report 5 September 2017



Rush Hall

Type of Service: Nursing Home (NH)
Address: 51 Broughton Road, Limavady, BT49 9DY
Tel No: 028 7776 9326
Inspector: Aveen Donnelly

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 66 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Fiona Archer
Person in charge at the time of inspection: Fiona Archer	Date manager registered: 15 April 2016
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category	Number of registered places: 66 Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.

4.0 Inspection summary

An unannounced inspection took place on 5 September 2017 from 10.00 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and development, adult safeguarding, risk management and the home's environment. Care records were well maintained and there was evidence of good communication between residents, staff and other key stakeholders; patients were listened to and valued. There were examples of good practice found throughout the inspection in relation to the governance and management arrangements, quality improvement and maintaining good working relationships within the home.

Areas requiring improvement under the care standards were identified in relation to the recruitment practices; infection, prevention and control practices; the effectiveness of the keyworker system; and the choices of meals, for those who required modified diets. Two areas for improvement that were previously made under the care standards were not met and have been stated for the second time. These include the cleanliness of equipment, and the use of the elevator door keypad on the first floor.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*6

*The total number of areas for improvement include, two made under the care standards, which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Archer, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 27 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector met with six patients, three care staff, three registered nurses, one kitchen staff, two domestic staff and five patients' representatives.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records relating to adult safeguarding
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- four patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- a selection of policies and procedures
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- feedback on the Quality of Life programme (QOL)
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered persons must ensure that where nursing needs are identified care must be delivered to ensure individual patient needs are met. This refers specifically to the repositioning records of patients who are at risk of developing pressure sores and require regular repositioning, in keeping with their care plan.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that patients were repositioned in line with their care plan.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.4 Stated: Second time	The registered persons should ensure that the wound analysis audit tool is further developed to ensure that shortfalls identified during this inspection are identified and follow up action taken to address any identified deficits.	Met
	Action taken as confirmed during the inspection: A review of the wound audit evidenced that this recommendation had been met.	

Area for improvement 2 Ref: Standard 4 Stated: First time	<p>The registered persons should ensure that where patients require specialist equipment to be used, this is provided and the specific instructions for its use are included in the care plan. Records in relation to skin integrity checks should be maintained accordingly.</p>	Met
	<p>Action taken as confirmed during the inspection: Although there were no patients accommodated in the home who required specialist equipment, discussion with staff evidenced that they were knowledgeable regarding skin care and where to record skin integrity checks.</p>	
Area for improvement 3 Ref: Standard 37.1 Stated: First time	<p>The registered persons should ensure that consideration is given to how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.</p>	Met
	<p>Action taken as confirmed during the inspection: All records were stored appropriately.</p>	
Area for improvement 4 Ref: Standard 46.2 Stated: First time	<p>The registered persons should ensure that records of equipment cleaning are maintained in line with best practice.</p>	Not met
	<p>Action taken as confirmed during the inspection: Given that concerns were raised with regards to the cleanliness of some of the equipment used in the home, this recommendation was not met and has been stated for the second time. Refer to section 6.3 for further detail.</p>	

Area for improvement 5 Ref: Standard 5 Stated: First time	The registered persons should ensure that the use of the elevator door exit keypad on the first floor is reviewed in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.	Not met
	Action taken as confirmed during the inspection: Patients still had to ask for the keypad number to access the elevator on the first floor. This recommendation was not met and has been stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 28 August 2017 evidenced that the planned staffing levels were consistently adhered to. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. The registered manager explained that this was reviewed on a monthly basis and that the staffing levels could be adjusted as required.

The registered manager explained there were currently six registered nurse vacancies; these vacancies were being filled by agency staff or permanent staff working additional hours. Recruitment of staff was in progress.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment. For agency staff, their profile was maintained, which included information on the Access NI check and NMC/NISCC checks.

Although the registered manager had obtained most of the information required, to demonstrate that prospective employees were suitable to work with vulnerable adults, further action was required, to ensure that all staff undertake a physical and mental health assessment, prior to employment starting. This has been identified as an area for improvement under the care standards.

A record of staff including their name, address, contact number, position held, contracted hours, date of receipt of Access NI certificate, date commenced and date position was terminated (where applicable) was maintained electronically and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with regulation 19(2), schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records and discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager had also signed the record to confirm that the induction process had been satisfactorily completed.

The registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals. Although the supervision and appraisal matrix was not up to date at the time of the inspection, RQIA were satisfied that there had been sufficient supervisions undertaken and planned, to ensure that the staff were well supported in their practice.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The electronic training was also supplemented by face to face training, where applicable. The records reviewed confirmed that 92% of staff had, so far this year, completed their mandatory training. For agency staff, the registered manager also received a profile which included information on their compliance with mandatory training requirements.

Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager also confirmed that training on the Dementia Care Framework had commenced and that the first module had been completed by the majority of the staff. This course will include training modules on dementia care; activities and engagement; communication; distressed reactions; and dementia and the law.

Suitable arrangements were in place for monitoring the registration status of nursing staff were appropriately managed in accordance with NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC. The registered manager also utilised a reminder system, to ensure that staff were instructed in advance to renew their registrations.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The whistleblowing procedure was also displayed near the front entrance to the home.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and information in relation to adult safeguarding was displayed prominently on a notice board in the staff room. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

Equipment was stored appropriately. There were processes in place to ensure that emergency equipment, such as the suction machines, were regularly checked as being in good order and fit for use. This meant that in the event of an emergency the equipment was ready for use.

Discussion with staff and observation during the inspection, evidenced that staff were unclear of and did not adhere to best practice in relation to infection prevention and control. This related specifically to the segregating of soiled laundry. This has been identified as an area for improvement under the care standards.

A review of the home’s environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. However, as discussed in section 6.2, a review of the environment identified various items of equipment which were not adequately cleaned. This referred particularly to the cleanliness of crash mats and to a number of patients’ armchairs. A review of the cleaning records identified that these areas had been signed off as complete; however, it was evident that there had been no oversight as to the standard of cleaning of these items. This was discussed with the registered manager; and a recommendation that was previously made has been stated for the second time in this regard.

Fire exits and corridors were observed to be clear of clutter and obstruction. The emergency evacuation register was up to date and included the details of the last patient admitted to the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding, risk management and the home’s environment.

Areas for improvement

Two areas for improvements were identified under the care standards in relation to the recruitment practices; and in relation to infection, prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. Wound care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines. Where shortfalls with wound care were identified in the monthly quality monitoring report, there was evidence that this was addressed immediately.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. There was also evidence within the daily progress notes that the registered nurses had oversight of the patients' total fluid intake in a 24 hour period. This is good practice.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting was held on 10 August 2017. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. An employee satisfaction survey was also undertaken annually, which gave the staff the opportunity to rate areas such as communication, development opportunities, pay and benefits, regional management support, teamwork and overall wellbeing.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. A combined patients' and relatives' meeting had been held on 21 August 2017 and records were available. Relatives' comments provided on the Quality of Life system (QOL) were also discussed with staff during staff meetings.

The registered manager obtained feedback from at least three patients on a weekly basis, to ascertain their views on the home environment and the safety of the care provided. A review of the feedback provided on this system identified a 100 percent satisfaction rate; any comments or concerns had been addressed. For example, following feedback provided on the Quality of Life system (QOL) the home held a Laundry Focus Day, on 18 May 2017, to improve the management of laundry within the home. This is good practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management; and communication between residents, staff and other key stakeholders.

Areas for improvement

There were no areas for improvement identified in this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with six patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed that the majority of patients in the dementia unit were wearing slippers and one patient was identified as not having enough socks. This was discussed with the staff and it was evident that the key worker system in place was not effective as the staff consulted with were unclear regarding which patients they had been assigned. This has been identified as an area for improvement under the care standards.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices. The majority of patients were offered a choice of meals, snacks and drinks throughout the day; however, a review of the meals records did not evidence that patients who required a modified diet were provided with the same choices. This has been identified as an area for improvement under the care standards.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in two dining rooms. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths and specialist cutlery and plate guards were available to help patients who were able to maintain some level of independence as they ate their meal.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home.

Two staff members were designated to provide activities in the home. Patients consulted with stated that there were different activities they could participate in. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. Advice was given to the registered manager in relation to displaying the planned activities in a more prominent place. This would enable patients to see what activities were planned.

There was evidence of regular church services to suit different denominations. Social care plans were in place to provide information to staff to ensure that patients' social care needs were met individually.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken on 1 April 2017; views and comments recorded were analysed and areas for improvement had been acted upon.

An electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the registered manager and the regional manager.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the care and attention given to a patient, when receiving end of life care and described the care provided as having been 'exemplary'.

During the inspection, we met with six patients, three care staff, three registered nurses, one kitchen staff, two domestic staff and five patients' representatives. Some comments received are detailed below:

Staff

"The care is good, I have no concerns."

"It is tough going, but yes it is good here."

"The general nursing care is ok."

"This is a very friendly home, the patients get what they need."

"The care is very good here."

"I am happy enough."

Patients

"I have no complaints."

"I am getting on fine, although there is not much to do."

"I couldn't be better."

"I can answer yes to everything because it is all good."

"It is alright."

"Everything is good here."

Patients' representative

“Everything is brilliant, perfect.”

“We are happy enough, no complaints.”

“Everything is great.”

“I have no concerns.”

“We have more praise than compliments, it really is excellent.”

One patients' representative stated that their relative could sometime be a bit bored. This was relayed to the registered manager to address.

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Four staff, six patients and nine relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients: respondents indicated that they were either 'satisfied' or 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Relatives: respondents indicated that they were either 'very satisfied' or 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment in relation to the management of the home and described the care and management of the home as being 'excellent'.

Staff: respondents indicated that they were 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives.

Areas for improvement

Areas for improvement made under the care standards related to the keyworker system; and the choices of meals provided, for those who required a modified diet.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Staff consulted with stated that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the registered manager in positive terms and staff stated that they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

There was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussion was undertaken in relation to the complaints procedure; which needed to include the details for contacting the Patient Client Council. The registered manager agreed to address this.

There were systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit ("TRaCA") which home managers can complete electronically. Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month. A review of the "resident care TRaCA" confirmed that when shortfalls had been identified, these were followed up in a timely manner by the registered nurses.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance and management arrangements, quality improvement and maintaining good working relationships within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Archer, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 46.2 Stated: Second time To be completed by: 3 November 2017	<p>The registered persons should ensure that records of equipment cleaning are maintained in line with best practice.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Decontamination records are maintained .Were applicable Cash mats have been replaced .Records and crash mats checked as part of home manangers walk around</p>
Area for improvement 2 Ref: Standard 5 Stated: Second time To be completed by: 3 November 2017	<p>The registered persons should ensure that the use of the elevator door exit keypad on the first floor is reviewed in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registration categories.</p> <p>Ref: Section 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: RES contacted and have reviewed system and stated Lift technician to review. Lift technician Ritchie Hart and Co Ltd has been out to review situation. Key pad is integral to lift function. .This cannot be removed.Staffare avialible to assist residents to exit this area as required</p>
Area for improvement 3 Ref: Standard 38.3 Stated: First time To be completed by: 3 November 2017	<p>The registered persons shall ensure that physical and mental health assessments are undertaken for all prospective employees as part of the recruitment processes.</p> <p>Ref: Section 6. and 6.4</p> <p>Response by registered person detailing the actions taken: Home manager will check that all documentation is checked following recruitment</p>
Area for improvement 4 Ref: Standard 46.2 Stated: First time To be completed by: 3 November 2017	<p>The registered person shall ensure that training in relation to infection, prevention and control is embedded into practice. This relates specifically to the segregation of soiled laundry.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Supervisions have been carried out with the relevant staff compliance with this will be checked on a regular basis by nurse in charge and home mananger</p>

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2017</p>	<p>The registered person shall ensure that the keyworker system is reviewed to ensure that it is effective.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Key worker process is in place .Supervision will be carried out with staff so that they know their role in this area .</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2017</p>	<p>The registered person shall ensure that patients who require a modified diet are provided with a choice in relation to their meals.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Diet sheets have been amended to include designated second option HM has reviewed these sheets to ensure that option is defined before resident is making their choice.</p>

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



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