

Unannounced Care Inspection Report 18 and 19 April 2016



Three Rivers Care Centre

Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD

Tel No: 028 82258227

Inspector: Aveen Donnelly

1.0 Summary

An unannounced inspection of Three Rivers Care Centre took place on 18 April 2016 from 09.30 to 15.15 hours and on 19 April 2016 from 09.45 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. For the purposes of this report, the term 'patients' will be used to describe those living in Three Rivers Care Centre which provides both nursing and residential care.

Is care safe?

There was evidence that staff received a period of induction and staff stated that they felt well supported to develop their knowledge and skill through regular supervision and appraisals. There were no concerns raised regarding staffing levels. Patients' risk assessments were completed and reviewed on a regular basis and incidents and accidents were managed appropriately. The home was clean and there was no evidence of malodours. However, one requirement has been stated in regards to the completion of mandatory training. Four recommendations have also been stated in regards to the recruitment and selection process; registration checks for registered nurses and care staff; record-keeping in regards to recording information on accident/incident reports; and the need to update personal emergency evacuation plans. Compliance with these requirements and recommendations will further drive improvements in this domain.

Is care effective?

Personal care records evidenced that patients care was delivered in line with their care plans. Staff felt that communication was well maintained in the home and there was evidence of regular staff meetings. All staff felt confident in raising any concerns to the management. Risk assessments and care plans were generally reviewed on a regular basis, with the exception of wound assessments and care plans, which did not accurately include current wound care treatment. A requirement has been stated in this regard. Compliance with this requirement will further drive improvement in this domain.

Is care compassionate?

Staff interactions were observed to be compassionate towards patients and a number of positive comments from patients and patients' representatives have been included in the report. Complaints were managed appropriately and patients and their representatives stated that they felt comfortable in raising any concerns they may have. Patients felt that the staff were respectful to them and that they were treated with respect and dignity. Despite this, we identified weaknesses in the management of dementia that led to a reduction in positive outcomes for patients. One requirement has been stated in regards to the need for staff to be provided with specific dementia training. Two recommendations have also been stated in regards to the need for a dementia audit to be completed; and the need for the dining experience to be reviewed. The registered persons were also requested to liaise with RQIA, in advance of installing CCTV cameras, which could potentially impact upon their right to privacy, dignity and respect, which are the principle that underpin the DHSSPS Care Standards for Nursing Homes, April 2015.

Is the service well led?

There was a clear organisational structure in place. Staff, patients and patients' representatives shared positive comments regarding the approachability and responsiveness of the manager and these comments have been included in the report. The policies and procedures were reviewed systematically and there was a system in place to manage medication, equipment and staff alerts. RQIA had been notified appropriately, following any relevant accident or injury. However, deficits were identified in the auditing processes, specifically in relation to wounds management, human resources, and falls management. One recommendation has been stated in this regard. One requirement has been stated in regards to the completion of the monthly monitoring visits, in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A recommendation has also been stated in regards to the content of the monitoring report. Following the inspection, clarity was sought from the responsible person, in regards to the management arrangements of one identified person who has been accommodated within the home, to ensure that the home is operating within the categories of care, for which the home is currently registered.

This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	10

The total number of requirements and recommendations above includes one recommendation that has been stated for the second time. Details of the QIP within this report were discussed with the 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection of 10th August 2015. This inspection did not result in enforcement action.

A review of the documentation regarding adults safeguarding confirmed that potential safeguarding concerns were managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures and RQIA were notified appropriately.

Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organisation/registered person: Three Rivers/Philip Scott	Registered manager: Janet Dodds
Person in charge of the home at the time of inspection: Janet Dodds	Date manager registered: 18 March 2015
Categories of care: Fairywater Unit - 11 beds in category RC-DE; Strule Unit - 28 beds in category NH-DE; Camowen Unit - 14 beds in category NH-I; Drumragh Unit - 28 beds in category NH-I including a maximum of 14 beds in category NH-PH.	Number of registered places: 81

3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- 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, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with three patients, five care staff, three nursing staff and two patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable incidents
- audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records

- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- staff, patients' and relatives' questionnaires
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 August 2015

The most recent inspection of the home was an unannounced care inspection undertaken on 10th August 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 10 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (c) (i) Stated: Third time	The registered person shall ensure that newly qualified nurses receive preceptorship. Carried forward from previous inspection.	Met
	Action taken as confirmed during the inspection: A review of the preceptorship records of one registered nurse, confirmed that a preceptorship portfolio had been completed and there was evidence of regular review dates with the preceptorship nurse and the aligned mentor.	

Last care inspection recommendations	Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 36.2</p> <p>Stated: First time</p> <p>The following policies and guidance documents should be developed and made readily available to staff:</p> <ul style="list-style-type: none"> • a policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i> • a policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> which should include the out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses • a policy on death and dying in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> which should include the procedure for dealing with patients' belongings after a death <p>Action taken as confirmed during the inspection:</p> <p>The policy on end of life/palliative care was reviewed and did not reflect the elements of the recommendation.</p> <p>There was no separate policy on communication and the end of life policy only stated that the policy should be read 'alongside DHSSPSNI (2003) <i>Breaking Bad News</i>'. The out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses were not included in the policy.</p> <p>This recommendation had not been met and has been stated for the second time.</p>	<p>Partially Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.15</p> <p>Stated: First time</p> <p>The registered manager should review the arrangements for the serving of food to patients to ensure that it is appealing and in line with nutritional guidelines, which are referenced in the footnote of Standard 12.</p> <p>Action taken as confirmed during the inspection:</p> <p>The serving of the mid-day meal was observed during the inspection. No issues were observed in regards to the presentation or temperature of the meals.</p>	

4.3 Is care safe?

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff. Nursing and care staff consulted with stated that they had only commenced employment once all the relevant checks had been completed. Following a review of three personnel files, it was evident that improvements in regards to record-keeping were required. For example, although two references had been received for all staff members, these had not included the applicants' most recent employer. The records did not evidence any mitigating reasons why these had not been sought. Enhanced criminal records checks were completed with AccessNI and although a check-list was maintained in each staff member's personnel file which included the AccessNI reference number, the process for recording if these checks were clear was not evident. Where registered nurses were employed, there was evidence that their registrations were checked with the Nursing and Midwifery Council (NMC). Care staff did not have their registrations checked with the Northern Ireland Social Care Council (NISCC), prior to commencement of employment. This relates specifically to care staff, who were not new to the caring role and who should have been registered with NISCC, prior to employment. On the day of inspection we were satisfied that applications had been submitted for all care staff employed in the home. A recommendation has been stated to ensure that there are robust systems in place, to address the identified deficits.

Discussion with the registered manager and a review of the management of registration checks, confirmed that registered nurses' pin numbers were not checked with the Nursing and Midwifery Council (NMC) on a regular basis. The records evidenced that the NMC register had not been checked between 17 December 2015 and the day of the inspection four months later. Although all registered nurses' registrations were confirmed on the day of the inspection, a review of the records confirmed that three registered nurses had renewed their registrations during this period. A recommendation has been stated in this regard.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised. Discussion with 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 and annual appraisals.

The staff training requirements were reviewed and evidenced that a number of staff had not received training in some mandatory areas as required.

Deficits in the training of staff are identified in the following areas:

- Adult safeguarding
- Safe moving and handling
- First aid
- Fire training and fire evacuation

Following the inspection, the registered manager confirmed by email, that training dates had been arranged. A requirement has been stated in this regard.

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 commencing 11 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way. Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Validated risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails and restraint, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate; assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. These risk assessments generally informed the care planning process. Refer to section 4.4 for further detail.

A review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous inspection, confirmed that these were appropriately managed. Additional notes were recorded on the back of the forms and several of the entries were unsigned and undated. This is not in line with the NMC guidance on record keeping. The registered manager agreed to further develop the format of the incident reporting forms, to ensure that staff have adequate space to record information. A recommendation has been stated in this regard.

A review of the home's environment was undertaken which included a random sample 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. Infection prevention and control measures were adhered to. Equipment was generally stored appropriately, with the exception of a shower room on the first floor, which had been used to store wheelchairs. This was brought to the attention of the registered manager, who agreed to address this.

Fire exits and corridors were observed to be clear of clutter and obstruction. A review of the patients' Personal Emergency Evacuation Plans identified that they had not been reviewed since August 2015. The review identified that the names of patients who were no longer residing in the home were included in the evacuation plan; and newly admitted patients did not have any personal evacuation plans in place. This was brought to the attention of the registered manager and an urgent action record was issued to the registered manager on the day of the inspection, to ensure that the safety and welfare of those using the service. Confirmation that this action had been completed was submitted to RQIA on 21 April 2016; however, a recommendation has also been stated in this regard.

Areas for improvement

The recruitment and selection processes must be reviewed to ensure that there are robust systems in place, to address the deficits identified in this inspection. A recommendation has been stated in this regard.

A system should be implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis. A recommendation has been stated in this regard.

Staff must receive mandatory training and other training appropriate to the work they perform. A requirement has been stated in this regard.

The format for recording accidents and incidents should be further developed, to ensure that staff record information, in line with good practice.

The current fire risk assessment and fire management plan must be revised on a regular basis and action taken when necessary or whenever the fire risk has changed. This relates specifically to the use of personal emergency evacuation plans for patients who are newly admitted to the home or to those whose ability to evacuate independently has changed. A recommendation has been stated in this regard.

Number of requirements	1	Number of recommendations:	4
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

A review of four patient care records evidenced that registered nurses reviewed patients risk assessments and evaluated their care plans on a regular basis. The review evidenced that risk assessments were completed as part of the admission process and were reviewed as required. There was also evidence that risk assessments informed the care planning process. For example, where a patient had an identified risk of ingesting inappropriate substances, a risk assessment had been completed and this information was included in the care plan. Patients who were identified as requiring a modified diet had the relevant choke risk and malnutrition risk assessments completed and patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans. However the review of one patient’s care record in regards to wound management did not evidence that wound assessments had been completed on a regular basis and the wound treatment indicated on the care plan did not reflect the recommendations of the tissue viability nurse specialist (TVN) or the dressing that was in use. A requirement has been stated in this regard.

Registered nurses consulted with were aware of the local arrangements and referral process to access other multidisciplinary professionals. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of regular communication with patient representatives within the care records.

Supplementary care records, which detailed when personal care was delivered, were reviewed. This evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients’ fluid intake had been monitored.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to discussing patients’ details in front of other relatives. However, patients’ requirements for modified diets were displayed on a large white board in the dining rooms. Staff consulted with, stated that they had not considered this as a breach of confidentiality. This matter was brought to the attention of the registered manager and was immediately addressed.

Discussion with staff confirmed that registered nursing and care staff were required to attend a handover meeting at the beginning of each shift and this provided the necessary information regarding any changes in patients’ condition. Staff stated that there was effective teamwork

and that communication between all staff grades was effective. Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Information on advocacy services was available to patients.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

Wound care advice/ directions from the Tissue Viability Nurse must be accurately entered into care records and treatment delivered as prescribed. A regular update of the progress of wound healing must be maintained. A requirement has been stated in this regard.

Number of requirements	1	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Medicines were administered to patients in a discreet way to maintain their dignity and privacy. Discussion with patients also confirmed that staff consistently used their preferred name and 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 stated that they were offered choices at mealtimes and throughout the day; and the staff stated that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. However, one patient, who required a specialist diet, stated that the food choices were not varied and did not reflect their preferences. Following the inspection, advice was given to the registered manager in regards to the development of menus in line with best practice policy and guidance. The inspector referred the registered manager to recent regional guidance 'Nutritional Guidelines and menu checklist' 2014.

Patients consulted with confirmed that they were able to maintain contact with their families and friends. One patient's representative commented that the staff telephoned them on a weekly basis, to inform them of their relative's condition. Staff supported patients to maintain friendships and socialise within the home. Another patient described how one of the nursing sisters could drive the home's minibus, which allowed the patient to visit a family member in another nursing home. This is commended.

There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. However, the environment of the dementia unit was lacking in stimulation for the patients who were living there. It would be of benefit if patients had recreational opportunities and other diversional activities were made available, for example, rummage boxes and/or reminiscence boards. There was also no evidence that dementia training had been provided. Dementia training must be viewed as a priority for staff and the culture and approach to daily life in the dementia unit reviewed and enhanced for the benefit of patients. This requirement has been incorporated into the requirement on staff training, referred to in section 4.3.

A dementia audit should also be undertaken, to ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A recommendation has been stated in this regard.

Observation of the dining tables at mealtimes, particularly in the nursing dementia unit, evidenced that dining tables were not appropriately set or presented. For example, there was a lack of tablecloths, place settings and condiments. The dining experience for patients was not in accordance with best practice in dementia care. This was raised with staff who stated there was little point in setting tables as patients lifted cutlery. Staff also made reference to patients lifting 'things'. Not only is this poor practice but it is also an example of staff's limited knowledge regarding dementia care. This was discussed with the registered manager, who stated that these matters had been identified in the dining room experience audits. However, there was no evidence of any action taken to address the identified deficits. Similar observations were made during the serving of the mid-day meal on the first floor, where the majority of patients remained in their armchairs and ate their meals off portable tables. This was again raised with the staff, who stated that this was the patients' preference. A recommendation has also been stated to ensure that the dining experience for patients, particularly in the dementia unit, is reviewed and enhanced in accordance with best practice in dementia care.

Despite our findings on the day of inspection, the patients consulted with stated that they felt that they were afforded choice, privacy, dignity and respect. However, a review of minutes of recent staff and patients' representative meetings, identified that plans were in place to overtly use circuit television (CCTV) cameras in communal lounges; and in the patients' bedrooms, if so consented. Given that a nursing home is not a public building, due consideration should be given to the patients who are living in the home and how these plans could potentially impact upon their right to privacy, dignity and respect, which are the principle that underpin the DOH Care Standards for Nursing Homes, April 2015. Following the inspection, this matter was again discussed by telephone with the registered manager, who was advised that RQIA must be consulted with, before a decision is made to progress with the installation of CCTV systems.

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. Views and comments recorded were analysed and areas for improvement were acted upon. 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 the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received are detailed below:

Staff

'The care is very good and consistent. We know the patients inside out'.

'The care staff have a good knowledge of the patients' needs'.

'It's very good. We spend time chatting to patients and we do a bit extra for them.

'It's nice to have the craic and make the patients happy'.

'It's very good. All their needs are met. I have no concerns'.

'I am happy enough'.

'We give great care here and we all get on well with the residents'.

'It's a good home. The patients get whatever they need'.

Patients

'I am happy enough. I have no concerns'.

'I couldn't ask for better'.

'It is excellent, just wonderful'.

Patients' representatives

'Home is exceptionally clean. Staff are very welcoming and care (is) excellent'.

'The staff always make me aware of any changes in (my relative's) condition. I appreciate this very much'.

'The care (my relative) receives is second to none'.

Areas for improvement

Dementia training must be provided for staff working within the dementia unit. Dementia awareness training should also be provided for all other grades of staff within Three Rivers. A requirement has been stated in this regard.

A dementia audit should be undertaken, to ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A recommendation has been stated in this regard.

The dining experience for patients, particularly in the dementia unit, should be reviewed and enhanced in accordance with best practice in dementia care. A recommendation has been stated in this regard.

Number of requirements	1	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that 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. Patients' representatives also commented that the registered manager's office door was always open and stated that she was an efficient manager.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. However, an issue was identified in regards to the accommodation arrangements of one identified person. This matter was brought to the attention of the responsible person and is being followed up by RQIA. The registration certificate was displayed appropriately. A certificate of public liability insurance was also current and displayed.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DOH 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/representatives 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. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- wound management
- medicines management
- care records
- infection prevention and control
- environment audits
- complaints
- health and safety
- bedrails
- restraint
- dining experience audits
- human resource audits

Given that issues were identified in regards to wounds management, the dining experience and recruitment and selection processes, it was evident that these audits had not been effective in identifying possible issues.

Staff consulted with, were also unaware of any audits conducted by the registered manager. This was discussed with the registered manager, who stated that weekly meetings were held

with the registered nurses, who were in charge of each unit; and agreed to disseminate this information to all staff. A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify trends, on a monthly basis and a more details analysis was done on a quarterly basis, in line with the local Trust protocol. However, the monthly analysis did not identify patterns in regards to the patients who had fallen most frequently and there was no action plan in place to address any identified patters and/or subsequent action taken. A recommendation has been stated in this regard. Advice was also given regarding falls prevention tools that are available on the patient safety forum's website.

A review of the documentation regarding adults safeguarding confirmed that potential safeguarding concerns were managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures and RQIA were notified appropriately. However, consultation with two registered nurses identified that they were not clear in regards to their specific roles and responsibilities in relation to the prevention and protection of adults at risk of harm. The competency and capability assessments for the nurse in charge of the home were reviewed and although there was evidence of an annual review, there was no evidence that each individual section of the competency and capability assessment had been reviewed. This meant that the registered manager was unable to evidence that the section on adults safeguarding had been reviewed. A recommendation has been stated in this regard.

Discussion with the registered manager confirmed that the Regulation 29, of the Nursing Homes Regulations (northern Ireland) 2005, monthly monitoring visits were completed on a regular basis and copies were available for patients, their representatives, staff and Trust representatives. However, a review of the monthly monitoring reports identified that no visit had been made to the home in January 2016. A review of the January 2016 report indicated that it had been developed, following discussion with the registered manager at a meeting and with information that had been provided by email and telephone. This is not in accordance with regulations and/or care standards. A requirement has been stated in this regard.

Shortfalls were also identified in regards to the content of the Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring reports. For example, in the section which related to the records that were monitored during the inspection, the person who had completed the visit on behalf of the responsible person noted that the staff recruitment records, fire safety records and mandatory training records were compliant. Given the issues that were identified during this inspection, it was concerning that there was nothing recorded to evidence which records had been examined. A recommendation has been stated in this regard.

Areas for improvement

The monthly accident/incident analysis should be further developed to identify the patients who frequently fall and an action plan should be developed to address the identified patters and any subsequent action taken. This information should be shared with staff. A recommendation has been stated in this regard.

The format for recording reviews of the competency and capability assessments should be reviewed, to ensure that there is evidence that each section has been reviewed. A recommendation has been stated in this regard.

The registered persons must ensure that regulation 29 monthly monitoring visits in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 are conducted at least once a month. A requirement has been stated in this regard.

The regulation 29 monthly monitoring reports should be further developed, to ensure that there is traceability in regards to the specific records that were examined; and to ensure that improvements made are sustained. A recommendation has been stated in this regard.

Number of requirements	1	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20
(1)(c)

Stated: First time

To be completed by:
17 August 2016

The registered person must ensure that staff receive mandatory training and other training appropriate to the work they perform. This should include;

- Adult Safeguarding provided for all staff and to a level commensurate with their roles and responsibilities
- Safe Moving and Handling for all staff commensurate with their roles and responsibilities
- First Aid
- Dementia Care for staff working within the dementia unit

The registered manager should provide RQIA (at the time of return of QIP) with the schedule of dates at which these training requirements will be delivered.

Ref: Section 4.3 and 4.5

Response by registered person detailing the actions taken:

Adult Safeguarding Training for all staff: 21st June 2016.

Safe Moving and Handling Training: 5th and 6th May 2016 and 17th June 2016.

First Aid: 31st May and 1st June 2016.

Enhanced Dementia Awareness Training (University of Sterling) 28th and 29th June 2016.

Dementia Care (For all staff working within the dementia unit) 29th April 2016.

<p>Requirement 2</p> <p>Ref: Regulation 14(1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person must ensure that wound care advice/ directions from the Tissue Viability Nurse are accurately entered into care records and treatment delivered as prescribed. A regular update of the progress of wound healing must be maintained.</p> <p>Ref: Section 4.4</p>
<p>Requirement 3</p> <p>Ref: Regulation 29 (2)(3)</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person must ensure that the monthly monitoring visits undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are fully compliant with regulations. The monthly monitoring must be undertaken as a <u>visit</u> to the home and not completed as a consequence of email or telephone contact with the registered manager.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken: The monthly monitoring visits are undertaken as a visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 36.2</p> <p>Stated: Second time</p> <p>To be completed by: 17 June 2016</p>	<p>The following policies and guidance documents should be developed and made readily available to staff:</p> <ul style="list-style-type: none"> • A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>. • A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> which should include the out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses. • A policy on death and dying in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> which should include the procedure for dealing with patients' belongings after a death. <p><u>The above policies should be developed and submitted to RQIA with the returned QIP.</u></p> <p>Ref: Section 4.2</p>
	<p>Response by registered person detailing the actions taken: All policies locally and nationally are available to all staff in individual files in each Nurses Station and Manager's Office. Please find attached the ammended Palliative Care/End of Life Policy as requested with Specific information on OOH Palliative Care.</p>
<p>Recommendation 2</p> <p>Ref: Standard 38.1</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the recruitment and selection processes are reviewed to ensure that there are robust systems in place, to address the deficits identified in this inspection.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: Following inspection more robust and detailed audits of the recruitment and selection processes are now in place.</p>
<p>Recommendation 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that a system is implemented, to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) is checked on a regular basis.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: Following inspection registration with Nursing and Midwifery Council On-line Confirmation Service is now in place. This is audited on a monthly basis to confirm current and up to date registrations.</p>

<p>Recommendation 4</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered persons should ensure that the format for recording accidents and incidents is further developed, to ensure that staff record information, in line with good practice.</p> <p>Ref: Section 4.3</p>
<p>Recommendation 5</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the current fire risk assessment and fire management plan is revised on a regular basis and action is taken when necessary or whenever the fire risk has changed. This relates specifically to patients who are newly admitted to the home and those that are no longer residing in the home.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: New accident and incident recording books are being trialed in both nursing units for a three month period. This will be reviewed at the end of the three month period and a decision made if further development is required.</p>
<p>Recommendation 6</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that a dementia audit is undertaken, to ensure the quality of care and life afforded to patients in the dementia unit is in accordance with best practice in dementia care. A recommendation has been stated in this regard.</p> <p>Ref: Section 4.5</p> <p>Response by registered person detailing the actions taken: Immediate entry or removal into the fire risk assesment management plan is now a part of the admission and/or discharge process. This is audited on a monthly basis.</p>
<p>Recommendation 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the dining experience for patients, particularly in the dementia unit, is reviewed and enhanced in accordance with best practice in dementia care.</p> <p>Ref: Section 4.5</p> <p>Response by registered person detailing the actions taken: An enviromental dementia audit is ongoing. Any changes identified as a result of this audit will be actioned as a part of an improvement plan.</p> <p>The dining experience is being reviewed as part of the enviromental dementia audit. A separate review of the dining experience in Drumragh Unit(General Nursing) has been carried out. A dining area which is separate from the main lounge is being created as part of an annual update of facilities. This should be completed by Autum 2016.</p>

<p>Recommendation 8</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the monthly accident/incident analysis is further developed to identify the patients who frequently fall and an action plan should be developed to address the identified patterns and any subsequent action taken.</p> <p>This information should be shared with staff.</p> <p>Ref: Section 4.6</p>
<p>Recommendation 9</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the format for recording reviews of the competency and capability assessments are reviewed, to ensure that there is evidence that each section has been reviewed.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken: An indepth review of the competency and capability of each staff nurse will be included as part of their annual appraisal.</p>
<p>Recommendation 10</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2016</p>	<p>The registered person should ensure that the regulation 29 monthly monitoring report should be further developed to ensure that there is traceability in regards to the specific records that were examined; and continue to monitor requirements and recommendations stated during this inspection.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken: As with any monitoring process files and audits have been sampled. The documents sampled for the auditing process have been compliant. Following inspection, areas for further development have been identified and monthly visits will continue.</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews