

Unannounced Care Inspection Report 27 July 2016



Three Rivers

Type of Service: Nursing Home
Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD
Tel No: 028 8225 8227
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Three Rivers took place on 27 July 2016 from 10.00 to 16.45 hours. The inspection sought to assess progress with 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.

The inspection also sought to review the proposed installation of a camera surveillance system in the home, its impact on patients and its adherence to RQIA's recently published guidance on the use of Overt Close Circuit Televisions (CCTV) for the purpose of Surveillance in Regulated Establishments and Agencies.

For the purposes of this report, the term 'patients' will be used to describe those living in Three Rivers which provides both nursing and residential care.

Is care safe?

Staffing levels were found to meet the assessed needs of the patients. Staff recruitment and training were managed appropriately. Patients stated they felt safe in the home. The registered manager and staff were knowledgeable of the adult safeguarding processes. The home was clean, fresh smelling, warm and well decorated throughout. Risk assessments were completed as part of the admission process and were reviewed as required. Infection prevention and control measures were adhered to and fire exits and corridors were maintained clear from clutter and obstruction. One requirement and one recommendation have been in respect of nurse in charge competency assessments and statutory notification of incidents.

Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and adhered to recommendations prescribed by other healthcare professionals. The care planning process included input from patients and /or their representatives. Records were maintained in accordance with best practice guidance, care standards and legislative requirements. Observation and discussion confirmed that communication between all staff grades was effective and that care delivery was appropriate to meet the needs of patients. All those consulted with expressed confidence in raising concerns with the management and there was evidence that meetings were held on a regular basis. No areas for improvement were identified during the inspection.

Is care compassionate?

Consultation with patients and relatives and observation evidenced that patients were treated with respect and dignity, were involved in decision making about their own care and were offered choices throughout the day. Assistance was provided to patients, as required during mealtimes. The staff were skilled in communicating with patients who had communication impairments. Patients were able to maintain contact with their families and friends and socialise within the home.

There were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. All those consulted with expressed confidence in raising concerns with the management. A number of positive comments were received in regards to the kindness of staff and have been included in the report. A small number of patients raised

concerns regarding the home's plans to operate CCTV in the home. The registered person had previously requested to discuss the installation of CCTV with RQIA and a meeting is planned in this regard. No areas for improvement were identified during the inspection.

Is the service well led?

Consultation with patients, relatives and staff confirmed that they felt the home was well led. A number of positive comments in regards to the registered manager's leadership style were received and have been included in the report. There was a clear organisational structure within the home and the staff were aware of their roles and responsibilities. Complaints were managed appropriately and there were effective management systems in place to assess, monitor and improve the quality of care patients received. For example, a monthly visit undertaken by the responsible individual to assess the quality of care and services provided. No areas for improvement were identified during the inspection.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with the deputy 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 inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 8 June 2016. Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection. Enforcement action did not result from the finding of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Zest Care Homes Ltd Philip Scott – responsible individual	Registered manager: Janet Dodds
Person in charge of the home at the time of inspection: Janet Dodds, registered manager, from 10.00 to 13.00 hours. Claire Jones, deputy manager from 13.00 to 16.45 hours.	Date manager registered: 18 March 2015
Categories of care: NH-PH, RC-DE, NH-DE, NH-I Fairwater 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 we analysed the following information:

- 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 the previous inspection
- 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. Questionnaires were given to the registered manager to distribute to patients, relatives and staff. We also met with four patients, five care staff, one registered nurse and three patients' representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records for 2015/2016
- accident and incident records
- audits in relation to care records and falls
- one staff recruitment and selection record
- complaints received since the previous care inspection
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- minutes of staff, patients' and relatives' meetings held since the previous care inspection
- monthly monitoring reports completed since the previous inspection
- a selection of policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 June 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. There were no issues required to be followed up during this inspection and any action taken by the registered persons, as recorded in the QIP will be validated at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 and 19 April 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p>	<p>The registered person <u>must</u> ensure that staff receive mandatory training and other training appropriate to the work they perform. This should include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Following the inspection on 28 July 2016, the registered manager confirmed by email that compliance with mandatory training requirements were as follows: First Aid 90% compliant Manual Handling 83% compliant Adult Safeguarding 62% compliant. Dementia Awareness 78% compliant.</p> <p>RQIA were satisfied that mandatory training was provided as stated in the requirement made and that systems were in place to ensure 100% compliance was achieved by the end of 2016.</p>	
<p>Requirement 2 Ref: Regulation 14 (1) (b) Stated: First time</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>Action taken as confirmed during the inspection: There were no wounds in the home that required to be redressed; however, discussion with one registered nurse confirmed that there were systems in place to ensure that wounds were assessed on a regular basis.</p>	Met
<p>Requirement 3 Ref: Regulation 29 (2) (3) Stated: First time</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>Action taken as confirmed during the inspection: A review of the monthly monitoring reports conducted since the last care inspection .confirmed that the monitoring reports had been based on visits to the home.</p>	Met

Last care inspection recommendations	Validation of compliance	
<p>Recommendation 1</p> <p>Ref: Standard 36.2</p> <p>Stated: Second 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: A review of the above policies confirmed that they had been reviewed in line with this recommendation and made available to staff.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 38.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of one staff member's personnel record confirmed that the recruitment and selection processes were robust. A new checklist had also been developed address the identified deficits. Refer to section 4.3 for further detail.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of staff registration checks with the NMC confirmed that these had been undertaken on a regular basis.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 37.5</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and a review of incident records confirmed that a new format for recording incidents was under trial. Incident reports reviewed since the previous inspection were completed correctly.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the current fire risk assessment and fire management plan evidenced that these were reviewed on a regular basis by the registered manager.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</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.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A dementia audit was undertaken since the previous care inspection. Discussion with the registered manager confirmed that some actions from the dementia audit had been developed. As stated this recommendation has been met, however RQIA will continue to monitor this area of care during subsequent care inspections.</p>		

<p>Recommendation 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and observation of meal times evidenced that improvements had been made in regards to patients' meal time experience.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that patients' falls were analysed on a monthly basis, to identify the patients who had experienced frequent falls. This information was shared with staff at the weekly registered nurses' meeting.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager forwarded a copy of the new format for updating competency and capability assessments, by email on 28 July 2016. RQIA were satisfied that the new format would accurately reflect any review of specific sections.</p>		

Recommendation 10 Ref: Standard 35.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports since 19 April 2016 evidenced that there was traceability in regards to the specific records that were examined. The reports also monitored progress with the requirements and recommendations made in the last QIP.	

4.3 Is care safe?

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 18 July 2016 evidenced that the planned staffing levels were generally adhered to.

Observations of staff interactions with patients evidenced that patients were comfortable and relaxed with staff. Patients were assisted in a timely and unhurried way. Patients consulted with stated that they were satisfied that there were enough staff available to meet their needs. One patient stated "staff are always there if I need them". Another patient stated that the staff responded quickly to any requests for assistance.

We also sought patients' opinion on staffing via questionnaires. Five completed questionnaires were returned. Responses received from patients would indicate their satisfaction with staffing levels.

Staff consulted with also confirmed that there was enough staff to meet the patients' needs.

Discussion with staff evidenced that newly appointed staff underwent a structured orientation and induction programme at the commencement of their employment. The staff described how the induction period was not specified and that if new staff required more time to become familiar with their role, this would be facilitated. Supervision sessions had been undertaken with staff on a regular basis and all staff consulted, stated that they received support and guidance from their line manager or the registered manager as required. Appraisals were undertaken with staff on an annual basis.

A staff training matrix was in place, which monitored the training undertaken by all staff members. Training was provided in a number of areas including 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. Observation of the delivery of care evidenced that training had been embedded into practice.

Although there were systems in place to complete competency and capability assessments with all registered nurses given the responsibility of being in charge of the home, a review of personnel records evidenced that these assessments were not reviewed annually. For example, one registered nurse's competency assessment had not been reviewed since 11 October 2014. A recommendation has been made in this regard.

Appropriate checks had been undertaken on staff before they commenced employment. As discussed in section 4.2, a new checklist had recently been implemented to ensure that written references are obtained and enhanced criminal records checks are completed with Access NI, prior to commencement of employment. There was up to date registration information for all registered nurses.

Patients stated that they felt safe in the home and protected from harm. We also sought patients' opinion via questionnaires. Five completed questionnaires were returned. Responses received from patients would indicate a high level of satisfaction with this service.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. There had been no incidents pertaining to safeguarding concerns since the previous care inspection.

Validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

Accident and incident records confirmed that for the majority of patients' falls risk assessments and care plans were reviewed following a fall; Records also confirmed that care management and patients' representatives were notified appropriately of any changes to a patient's condition including a fall or incident. It was identified that RQIA had not been informed in regards to a head injury that had been sustained by a patient, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. A requirement has been made 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. The areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. Incontinence odours were detected in one identified bedroom. This was discussed with the deputy manager who stated that plans were in place to replace the flooring in this bedroom. RQIA were satisfied that the detected malodour was being appropriately managed.

Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

A requirement has been made that RQIA is notified of any serious injury to a patient in the home.

A recommendation has been made that competency and capability assessments are completed on an annual basis, for registered nurses who have the responsibility of being in charge of the home, in the absence of the registered manager.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

Patients consulted with stated that they received the right care, at the right time, with the best outcome for them.

The care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Registered nurses consulted with were aware of the local arrangements and referral process to access other multidisciplinary professionals.

Pre-admission assessments were undertaken prior to patients being admitted to the home and were effectively used in determining the patients' needs. A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were reviewed as required. Risk assessments informed the care planning process and both were reviewed as required. For example, patients who were prescribed short-term antibiotics for infections, had relevant care plans in place; and those 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. This is good practice.

Registered nurses spoken with confirmed that care management reviews were arranged by the health and social care trust. These reviews should be held annually but could be requested at any time by the patient, their family or the home. The home maintained records to ensure care reviews were undertaken for each patient. There was evidence within the care records that recommendations made during the care review meetings were acted upon.

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.

Patients' personal care 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 and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored appropriately. .

Discussion with staff confirmed that communication between all staff grades was effective and that appropriate information was communicated in the shift handover meetings. A communication book was in place for each unit., Staff described this book as being "very useful" in informing them of any changes in a patient's condition. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Information on the complaints procedure was displayed at the entrance to each of the units. 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. The most recent staff meeting was held on 27 June 2016. Minutes of the meetings held confirmed attendance and the detail of the issues discussed. Consultation with staff confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities.

Discussion with the registered manager and review of records evidenced that patients meetings were held on a regular basis and records were maintained. The most recent

patients' meeting was held on 25 July 2016. Minutes of the meetings held confirmed attendance and the detail of the issues discussed.

We also sought relatives' opinion via questionnaires. Patients' representatives consulted with stated that they had no concerns regarding care delivery. One relative commented that they were "extremely pleased with the care." All those spoken with expressed their confidence in raising concerns with the home's staff/ management.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Consultation with five patients individually and with others in smaller groups confirmed that patients were treated with respect and dignity. We also sought patients' opinion via questionnaires. Five completed questionnaires were returned. The patients consulted with described the staff as being "very good" and "very caring." One patient's representative described the staff as being "fantastic" and went on to describe how their relative always commented on how nice the staff were.

Patients stated that they were involved in decision making about their own care and were consulted with regarding meal choices. Review of the minutes of the recent patients' meeting confirmed that patients' feedback had been listened to and acted upon.

Menus were displayed in the dining rooms and reflected the meals served during the inspection. Observation of the serving of the lunch time meal in both dining rooms confirmed that the atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were set in advance of the meal and assistance was provided to patients as required. The lunch served in both units looked and smelt very appetising. Patients confirmed that they had a choice of a 'fry' for breakfast, if they wished. One patients' representative commented that the stew meat was often too tough for their relative to chew. This was discussed with the deputy manager during feedback who agreed to address this concern with catering staff.

Discussion took place with one staff member regarding how staff provided care to patients with communication difficulties. The staff member described how coloured plates and jugs were used to assist patients with visual impairments, to help them to see their plate more clearly. The staff member was also able to discuss the importance of using touch, speaking slowly and adapting tone, when communicating with patients who have visual and/or hearing impairments.

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.

There were systems in place to obtain the views of patients and their representatives and staff on the quality of the care delivered and the services provided. Views and comments recorded were analysed and areas for improvement were acted upon. A review of the minutes of the recent patients meeting identified that plans were in place to elect a 'patient president', who

patients could speak to regarding ideas or concerns. All patients would be involved in the election process.

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. One comment recorded in a thank you card described how staff managed a patient's end of life care with 'utmost respect and dignity' and the relative commended the staff for their kindness.

In addition to speaking with patients, relatives and staff, questionnaires were provided to the registered manager for distribution; ten for staff and relatives respectively; and five for patients. One relative, five patients and ten staff had returned their questionnaires within the timescale for inclusion in this report. All comments provided on the returned questionnaires were positive.

The responsible person informed RQIA by email on 3 June 2016 of plans to install closed circuit televisions (CCTV) in the home. The inspection sought to review the proposed installation of a camera surveillance system in the home, its impact on patients and its adherence to RQIA's recently published guidance on the use of Overt Close Circuit Televisions (CCTV). Two patients consulted with during the inspection also raised concerns in this regard. Two other patients provided written concerns regarding the home's plans to operate CCTV in their bedrooms. RQIA intend to meet with the responsible person on 24 August 2016 to discuss the implementation of the camera surveillance system.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Consultation with patients, relatives and staff confirmed that they felt the home was well led. Patients and their representatives were aware who the registered manager was and stated that they were approachable. Staff consulted with stated that they felt well supported by the management team. Comments included, "We have a good team of staff", "The manager is very supportive, fantastic," and, "The care is excellent, I wouldn't work here otherwise."

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.

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.

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.

Discussion with the registered manager and 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 DHSSPS 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 address any concern raised by them appropriately.

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.

Effective management systems were in place to assess, monitor and improve the quality of care patients received. An annual quality audit had been completed in April 2016 and there was evidence that areas for improvement had been identified and acted upon.

Discussion with the registered manager and review of records completed since 19 April 2016 evidenced that 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. The monthly monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. 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.

The registered manager outlined how a range of audits were completed in accordance with best practice guidance. These included:

- accidents
- audit of accident reports
- medicines management
- care records
- infection prevention and control
- environment audits.
- complaints
- bedrails
- dining experience audits
- catering audit
- patients' weight loss

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. For example, an audit of patients' falls was used to reduce the risk of further falls. The audit recorded information regarding the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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 provider 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 provider 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 30 (1)
(c)

Stated: First time

To be completed by:
24 September 2016

The registered persons must ensure that RQIA is notified of any serious injury to a patient in the home.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

The registered person will notify any serious injury to a patient when in the Home following the regulation 30 policy and procedure.

Recommendations

Recommendation 1

Ref: Standard 39

Stated: First time

To be completed by:
24 September 2016

The registered persons should ensure that competency and capability assessments are completed on an annual basis, for registered nurses who have the responsibility of being in charge of the home, in the absence of the registered manager.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

All Nurse competency and capability will be updated on an annual basis alongside their appraisal.

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

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@rqla.org.uk

Web www.rqla.org.uk

 @RQIANews