Unannounced Care Inspection Report
8 May 2018

Three Rivers Care Centre

Type of Service: Nursing Home
Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD
Tel No: 02882258227
Inspector: Heather Sleator

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 56 persons.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited **Responsible Individual:** Philip Scott	**Registered Manager:** Junnita Armstrong - acting
Person in charge at the time of inspection: Junnita Armstrong	**Date manager registered:** Junnita Armstrong – acting no application received
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	**Number of registered places:** 56 comprising: A maximum of 28 patients in category NH-DE accommodated in the Strule Unit, a maximum of 28 patients in category NH-I and a maximum of 4 patients in category NH-PH accommodated in the Drumragh Unit.

4.0 Inspection summary

An unannounced follow up inspection took place on 8 May 2018 from 10.00 to 17.00 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 staffing arrangements, accident management, the home's general environment, risk assessment, care planning, communication between residents, staff and other key stakeholders, governance arrangements, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified and were in relation to recording the frequency of repositioning on records, ensuring patients chairs/seating are in good order, placement of an activities coordinator solely in the dementia unit, enhancing the environment for persons living with dementia and ensuring patients who require a modified diet are afforded choice at mealtimes.

Three regulations relating to the management of and governance arrangements of substances hazardous to health and the patients dining experience have been stated for a second time. Two standards in relation to staffs' compliance with mandatory training and a range of dementia specific training have also been stated for a second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*3	*7

*The total number of areas for improvement includes three regulations and two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Junnita Armstrong, 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 24 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2018. 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 the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events 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 QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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

The following records were examined during the inspection:

- duty rota for all staff from 30 April 2018 to 13 May 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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 24 January 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 24 January 2018

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 20 (c) (i) **Stated:** Second time	The registered persons shall ensure that a system is put in place to ensure that the manager has oversight of the staffs' compliance with mandatory training requirements.	**Met**

	Action taken as confirmed during the inspection: A system was established to ensure that the manager had oversight of staffs compliance with mandatory training requirements.	
Area for improvement 2 **Ref**: Regulation 13 (2) and (3) **Stated:** Second time	The registered persons shall ensure that patients and their representatives have sufficient information on which to base their decision to use CCTV. This is particularly in relation to clearly defining 'personal care'. Those involved in the best interest decision making must be defined.	**Met**
	Action taken as confirmed during the inspection: The review of the 'Best interest decision form for the use of CCTV in patients bedrooms' evidenced that personal care had been defined.	
Area for improvement 3 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions. A procedure should be implemented to ensure clinical waste is disposed of in a timely manner, sluice rooms and bathrooms should not be used as a general storage area and substances hazardous to health must be safely and securely stored.	**Partially met**
	Action taken as confirmed during the inspection: Whilst improvements were in evidence in respect of infection prevention and control procedures in the home, there was evidence of cleaning substances accessible to patients in a sluice room. This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 4 **Ref**: Regulation 14 (4) **Stated:** First time	The registered person shall ensure that staff are knowledgeable through training or other measures of the safe use of a restrictive practice.	**Met**
	Action taken as confirmed during the inspection: Observation of the premises evidenced that the bedrails in use were in accordance with regional guidance.	
Area for improvement 5 **Ref**: Regulation 12 (1) (b) **Stated:** First time	The registered person shall ensure that the treatment and any other service provided to patients reflects current best practice and are in evidence in patient care records in relation to; • The rationale for and decision making regarding the use of a restrictive practice, for example bedrails • Care records should reflect care plans for the use of CCTV in patients' bedrooms in accordance with the deprivation of liberty standards.	**Met**
	Action taken as confirmed during the inspection: The review of four patient care records evidenced that care plans had been written in respect of the use of CCTV in the patients' bedrooms.	
Area for improvement 6 **Ref**: Regulation 12 (4) **Stated:** First time	The registered person shall ensure the approach to and management of meals and mealtimes in the home is in accordance with best practice specifically in relation to dementia practice.	**Not met**
	Action taken as confirmed during the inspection: Observation of the serving of the midday meal in Strule and Drumragh units did not evidence best practice. Refer to section 6.6 This area for improvement has not been met and has been stated for a second time.	

Area for improvement 7 **Ref**: Regulation 17 (1) **Stated:** First time	The registered person shall ensure that robust governance systems are established to report on the quality of services and nursing provided by the home regarding: • Patient care records • Infection prevention and control • Control of substances hazardous to health	**Partially met**
	Action taken as confirmed during the inspection: The review of the quality audits pertaining to the above areas observation of the premises and the review of patient care records did not evidence that this regulation had been fully met. Shortfalls were in evidence in relation to the control of substances hazardous to health. This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13 **Stated:** Second time	The registered persons shall ensure that arrangements are put in place for embedding the new regional operational safeguarding policy and procedure into practice.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and registered nurses evidenced that designated staff had completed safeguarding training. Discussion with registered nurses confirmed their understanding of their responsibility to report and who to report potential safeguarding issues to.	
Area for improvement 2 **Ref**: Standard 5.8 **Stated:** Second time	The registered persons shall review the location of the notice board in the nurses' stations, to ensure that the patients' confidentiality is maintained at all times.	**Met**
	Action taken as confirmed during the inspection: Observation of the information displayed in the home and in the nurses stations evidenced that patient confidentiality was being maintained.	

Area for improvement 3 **Ref**: Standard 13 **Stated:** First time	The registered person shall ensure that the contact details and procedure for adult safeguarding referrals are readily available in the home and nurses station.	**Met**
	Action taken as confirmed during the inspection: The contact details of the adult safeguarding team were present in both nurses' stations. In discussion, registered nurses were aware of the procedure to follow and contact details.	
Area for improvement 4 **Ref**: Standard 39 **Stated:** First time	The registered person shall ensure that staff complete their mandatory training requirements in a planned and timely manner. The system should be monitored by the manager.	**Not met**
	Action taken as confirmed during the inspection: The review of the staff training records evidenced that a training matrix had been established to identify the status of staff compliance. Review of the matrix evidenced that a number of staff had not met their mandatory requirements and it was unclear if or what the system was to ensure that all training requirements were met, This area for improvement has not been met and has been stated for a second time.	
Area for improvement 5 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that a validated pain management assessment tool is consistently used by staff.	**Met**
	Action taken as confirmed during the inspection: The review of four patient care records evidenced a consistent approach by registered nurses to the management of pain and a validated pain assessment tool was in use.	

Area for improvement 6 **Ref**: Standard 25 **Stated:** First time	The registered person shall ensure that a range of training opportunities are provided for staff in dementia practice and should include, for example; person centred care, communication, the dining experience and understanding behaviours.	**Not met**
	Action taken as confirmed during the inspection: Discussion with staff and observation of practice did not evidence that a systematic approach to staff training regarding dementia practice had been established. This area for improvement has not been met and has been stated for a 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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt the staffing arrangements had improved due to the higher occupancy of patients in the home. We also sought staff opinion on staffing via the online survey. There were no questionnaires completed and returned within the specified timeframe.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Three Rivers and no issues regarding the staffing arrangements were raised. We also sought the opinion of patients on staffing via questionnaires. There were no questionnaires completed and returned within the specified timeframe.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that training was completed online (electronically) and that there were a number of modules they were required to complete. Regarding dementia training staff stated that they completed a training module online which was generic and whilst covering a number of aspects of dementia practice did not explore these in depth. Observation of the serving of the midday meal and the delivery of practice evidenced that staff require further training and/or an understanding of

providing care for persons living with dementia. This was identified as an area for improvement at the inspection of 24 January 2018 and has been stated for a second time.

We reviewed the staff training matrix which evidenced that a coloured coded system was produced to state at which stage individual staff were in relation to mandatory training requirements. The review of the matrix evidenced that a significant number of training areas were 'out of date' for some staff members. In discussion with the administrator and manager it was stated that memos were to be sent to the identified staff however this system was not effective as evidenced by the training matrix. This was concerning as staff must attend and/or completed mandatory training to provide them with the necessary skills and knowledge to care for the patients. Governance arrangements regarding ensuring staff complete mandatory training requirements as well as any other training necessary and relevant to their job role has been identified had been identified as an area for improvement at the previous inspection of 24 January 2018 and has been stated for a second time.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and three registered nurses confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The manager stated that there was one safeguarding concern currently being investigated. RQIA had been informed of the concern by the Western Health and Social Care Trust. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and/or alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of the use of bedrails and alarm mats.

We reviewed accidents/incidents records from January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls and a monthly falls safety cross was maintained to assist in analysis.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. There was evidence of wear and tear of some chairs/seating in lounges. The chairs were of cloth material and therefore cleaning

of the chair could be problematic. A review of chairs and seating should be completed and this has been identified as an area for improvement under the care standards.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were generally consistently adhered to. There was an improvement in the management of clinical waste and there was no inappropriate storage observed in bathroom/shower facilities. However, the sluice rooms on both floors were open and substances hazardous to health were observed in one sluice room. This presented as a risk to patients as the substances were easily accessible. This was previously identified as an area for improvement at the inspection of 24 January 2018 and has been stated for a second time in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements and the home's environment.

Areas for improvement

The following area was identified for improvement under the care standards and was in relation to completing a review of the chairs/seating available in the home in terms of infection prevention and control risk.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. Repositioning records specified the position in which the patients had been positioned to; however, the frequency of repositioning had not been stated on the records reviewed therefore an assessment of compliance with professional standards regarding repositioning could not be made. This has been identified as an area for improvement under the care standards.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included "this is a great home, staff are brilliant" and "care is fantastic". Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence of regular staff meetings since the previous care inspection. Minutes of the meetings were available for review and contained attendees, dates, topics discussed and any decisions made. A relatives meeting had been held on 18 April 2018 and the minutes evidenced that the meeting was well attended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

The following area identified for improvement under the care standards was in relation to ensuring reposition records stated the frequency of repositioning.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

We spent a period of time observing staff interaction with patients in the lounge in the dementia unit. Staff interactions with patients were observed to be caring and timely. However, staff were also engaged in other duties; for example assisting patients with personal care and this detracted

from the amount of time staff had to spend directly engaging with patients. The activities coordinator was in the residential unit most of the morning and this meant patients had little direct engagement or activity. This resolved when the activities coordinator came to the unit. It was evident that the activities coordinator had a good rapport with the patients and the atmosphere in the lounge visibly livened. It is important that persons living with dementia have regular and meaningful interaction and stimulus and the patients in the dementia unit would benefit greatly from the focus of the activities coordinators time, on a more consistent and lengthy duration, in the dementia unit. This has been identified as an area for improvement under the care standards.

The environment in the dementia unit was well appointed however from a dementia perspective there was little evidence of orientation cues. Patients' chairs were mainly placed around the wall of the lounge and there was no focal point as chairs had been placed in front of the fire place. There were no points of interest in the lounge or on the walls for patients and the appearance of the lounge was 'bland'. The environment is very important for persons living with dementia as it should be conducive to their needs, enabling, familiar and comforting. This has been identified as an area for improvement under the care standards.

The serving of lunch was observed in the dining rooms. The majority of patients remained in their chairs and did not come to the dining tables. Four patients in one lounge/diner and two patients in the remaining lounge/diner were seated at the dining table. Those patients in the lounge/diner who didn't come to the dining table had a table placed in front of them at their chair. In discussion with staff it was stated that patients preferred not to come to the dining tables. A record of patients' meal/menu choice was reviewed and evidenced that patients who required a modified diet were all having the same meal choice, for example; cottage pie and soup in the evening. It is important that patients who require a modified diet are afforded a choice of meal which is known to be their preferred food if they are unable to state to staff. This has been identified as an area for improvement under the care standards. Registered nurses were not observed overseeing the mealtime in the dementia unit though they were present in the dining room in the other unit at the midday meal service. The approach to meals and mealtimes, particularly in the dementia unit, still requires improvement. The manager stated mealtime audits had commenced however, mealtime arrangements were identified as an area for improvement at the previous inspection of 24 January 2018 and this regulation has been stated for a second time.

Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Three Rivers was a positive experience.

Patient comments included;

"I'm very happy here."
"They're (staff) great."
"I've no complaints, it's grand."
Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; none were returned within the specified timescale.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

Areas identified for improvement under the care standards were in relation to enhancing the dementia environment and ensuring patients who require a modified diet are offered a choice at mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observation of the certificate evidenced that following the registration of the residential units in the home to a residential care home, the certificate of registration was incorrect. The manager stated that a new certificate had not been issued. This was discussed with the registration team in RQIA who had recorded that a certificate had been issued however a new certificate for the nursing home was issued on 15 May 2018.

Since the last inspection there has been a change in management arrangements and the manager remains in an acting capacity. RQIA were notified appropriately. An application for registration with RQIA has not been received; this was discussed with the manager who stated the position had not been confirmed, as yet. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records and restrictive practice. In addition robust measures were also in place to provide the manager with an overview of the management of infections occurring in the home. Refer to sections 6.2 and 6.4 for information in respect of IPC audits.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Within the last three quality monitoring reports it had been stated that there was no improvement in the patients dining experience. Management need to resolve this aspect of care and the Regulation 29 report should reflect the improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and accidents and maintaining good working relationships.

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 Junnita Armstrong, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** Second time **To be completed by:** Immediate	The registered person shall ensure that suitable arrangements are in place to minimise the risk of infection and toxic conditions. A procedure should be implemented to ensure clinical waste is disposed of in a timely manner, sluice rooms and bathrooms should not be used as a general storage area and substances hazardous to health must be safely and securely stored. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: All sluice rooms are fitted with keypad entry. Signage has been displayed clearly on all sluice rooms stating that they must remain locked at all times. All relevant staff have been reminded of this and the potential for disciplinary action should they breach the COSHH policy. Infection control procedures, inappropriate storage in sluices / bathrooms and safe custody of hazardous substances will be monitored on daily walk rounds by management.
Area for improvement 2 **Ref:** Regulation 12 (4) **Stated:** Second time **To be completed by:** 18 June 2018	The registered person shall ensure the approach to and management of meals and mealtimes in the home is in accordance with best practice specifically in relation to dementia practice. Ref: 6.2 and 6.6
	Response by registered person detailing the actions taken: The furniture arrangement of the lounge-diners has been reconfigured to identify clear dining areas and clear lounge areas. Tables are to be dressed appropriately at all times and on approach to meal servings be placed with cutlery, napkins and condiments. The menu for the day will be on display with a choice offered to all residents regardless of modified dietary needs. All of the above will assist in providing orientation cues that a mealtime is approaching. Staff will actively encourage residents to partake of dining in these areas and continue to assist as needed whilst sensitively giving consideration to personal choice. Training with regard to best practices in delivering a positive Mealtime experience is ongoing on a rolling basis and audits in this area continue to be conducted monthly and more often as needed.

Area for improvement 3 **Ref:** Regulation 17 (1) **Stated:** Second time **To be completed by:** Immediate	The registered person shall ensure that robust governance systems are established to report on the quality of services and nursing provided by the home regarding: • Control of substances hazardous to health Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Safe custody of hazardous substances will be monitored on daily walk rounds by management. This is also an identified area on the company Quarterly Infection Control audit (QR1001.01G) which will be increased to monthly monitoring to ensure this standard is met.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 39 **Stated:** Second time **To be completed by:** 11 June 2018	The registered person shall ensure that staff complete their mandatory training requirements in a planned and timely manner. The system should be monitored by the manager. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: The training matrix is displayed in a prominent area for all staff to be aware of topics due, overdue and not yet commenced. The manager reviews the training matrix on a monthly basis and associated compliance reports. Individual staff who continue to fail to meet mandatory requirements despite repeated reminders have been identified and written to formally to meet with Director Philip Scott for immediate corrective action. Staff have been advised that continued breach of Company policy to complete training will result in unpaid suspension and disciplinary action.
Area for improvement 2 **Ref**: Standard 25 **Stated:** Second time **To be completed by:** 30 June 2018	The registered person shall ensure that a range of training opportunities are provided for staff in dementia practice and should include, for example; person centred care, communication, the dining experience and understanding behaviours. Ref: 6.2 and 6.6
	Response by registered person detailing the actions taken: Opportunities for training in Dementia practice have been sought from external providers within the local Trusts, RCN and other organisations specialising in Dementia best practice and research. It is aimed to regularly obtain places for a selection of staff on any courses these organisations may provide in addition to our in house elearning programme. Our current elearning provider have been made aware of the inspection feedback and asked to include more detail in their Dementia module and provide a module around the Mealtime experience. Modules on Person centred care, Communication and Complex behavious already exist and all relevant staff are enrolled on these.

Area for improvement 3 **Ref**: Standard 44.1 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure that chairs and seating in the lounge areas are reviewed and replaced, as necessary. Ref: 6.4
	Response by registered person detailing the actions taken: Seating identified as damaged, torn or not meeting cleanliness standards have been disposed of and replacements obtained. Staff are aware to report any damaged furniture to Maintenance who will in turn report to the Manager if repair is not feesible. The Manager will also review furniture visually during walk rounds and this area is also included within the company Quarterly Infection Control audit (QR1001.01G).
Area for improvement 4 **Ref**: Standard 23 **Stated:** First time **To be completed by:** Immediate	The registered person shall ensure the frequency of repositioning is stated on the reposition records in use by staff. Ref: 6.5
	Response by registered person detailing the actions taken: Repositioning records in use identify an area where 'frequency of repositioning' should clearly be stated in keeping with the relevant care plan. All staff have been reminded to complete these records fully paying particular attention to specifying the frequency. Spot checks will be conducted by the Nursing Sisters and Manager to ensure compliance.
Area for improvement 5 **Ref**: Standard 11 **Stated:** First time **To be completed by:** Immediate	The registered person shall review the management and delivery of activities in the dementia unit. The planning and delivery of activities within the dementia setting should be prioritised. Ref: 6.6
	Response by registered person detailing the actions taken: The Activities co-ordinator has been asked to develop a clear timetable of varied activities occurring in the Dementia nursing units. This must be displayed at all times on provided activity boards giving a clear structure to residents, relatives and colleagues of what is taking place and when within the home.

Area for improvement 6 **Ref**: Standard 43 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure that the environment is conducive to the needs of persons living with dementia and is in accordance with accepted best practice and research. Ref: 6.6
	Response by registered person detailing the actions taken: Improvements will be made to the environment of the Dementia nursing unit to include; rearrangement of furniture to re-establish the fireplace as a focal point and define a dining area, increased provision of Dementia appropriate signage, decorative wall pieces giving sensory stimulus, activity boards in prominent areas and any other means we can provide as suggested in relevant best practice guidance.
Area for improvement 7 **Ref**: Standard 12.13 **Stated:** First time **To be completed by:** Immediate	The registered person shall ensure that patients who require a modified diet are afforded choice at mealtimes. The meal provided should be the patients known preference and not what is more readily modified. Ref: 6.6
	Response by registered person detailing the actions taken: The Head Chef has been advised that the daily menu choice must apply to all residents regardless of dietary modification requirements. This will be monitored by the Manager and added into the Mealtime experience audit.

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

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