Unannounced Care Inspection Report
24 January 2018

Three Rivers Care Centre

Type of Service: Nursing Home (NH)
Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD
Tel No: 028 8225 8227
Inspectors: Heather Sleator and Kieran Murray

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 and residential care for up to 81 persons.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd **Responsible Individual:** Mr Philip Scott	**Registered Manager:** See box below
Person in charge at the time of inspection: Ms Junnita Armstrong	**Date manager registered:** Ms Junnita Armstrong – acting, no application
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) DE – Dementia.	**Number of registered places:** 81 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.

4.0 Inspection summary

An unannounced inspection took place on 24 January 2018 from 09.45 to 17.35 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 term 'patients' is used to describe those living in Three Rivers Care Centre which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staff recruitment practices; staff induction and staffing arrangements. There was evidence of good practice in maintaining good relationships within the home. The environment of the home was generally conducive to the needs of the patients and was attractive and comfortable.

Areas identified for improvement under regulation were in relation to; adherence to the infection prevention and control regional guidance and procedures, ensuring the delivery of care promotes and makes proper provision for the nursing, health and welfare of patients and enhancing the dining experience for patients.

Areas requiring improvement were identified under the care standards and included; staff training and awareness regarding dementia care practice, the auditing of care records, access to adult safeguarding information in the home and pain management.

Patients said they were happy living in the home. Comments included, "I came for two weeks respite and stayed". Further comments can be viewed in section 6.6 of the report.

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	*7	*6

*The total number of areas for improvement includes two 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 15 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 15 September 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to 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 the inspector met with nine patients individually, seven staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster advising staff how to complete and submit a questionnaire electronically was given to the manager to display for staffs information.

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 15 to 28 January 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 staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 September 2017

The most recent inspection of the home was an unannounced care inspection. Refer to section 6.2 for further information.

6.2 Review of areas for improvement from the last care inspection dated 15 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 20 (c) (i) **Stated:** First time	The registered persons shall ensure that a system in put in place to ensure that the manager has oversight of the staffs' compliance with mandatory training requirements.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the staff training records evidenced that a system was in place. However, the efficiency of the system should be improved. Refer to section 6.4	
Area for improvement 2 **Ref:** Regulation 30 (g) **Stated:** First time	The registered persons shall ensure that all safeguarding incidents, including those identified through CCTV surveillance, are reported in line with regional safeguarding protocols.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of adult safeguarding information evidenced safeguarding incidents had been referred to the adult safeguarding team in the local trust.	
Area for improvement 3 **Ref:** Regulation 27 (4) (b) **Stated:** First time	The registered persons shall ensure that fire exits are maintained clear of obstruction at all times.	**Met**
	Action taken as confirmed during the inspection: Observation of the premises evidenced that fire exits were clear and unobstructed.	

Area for improvement 4 **Ref:** Regulation 13 (2) and (3) **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the manager and a review of information available evidenced that the organisation had made additions to the best interests decision form for CCTV in bedrooms which is discussed with the patients' representative. However, information that defined 'personal care' was not available.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time	The registered persons shall ensure that the recruitment processes are further developed to ensure that references are received from the prospective employees' most recent employer; and that employment histories are clearly recorded, in order for any gaps in employment to be explored.	**Met**
	Action taken as confirmed during the inspection: The review of four staff recruitment and selection files evidenced that all required information was present regarding the recruitment and selection process of staff employed from the date of the last inspection. .	
Area for improvement 2 **Ref**: Standard 13 **Stated:** First time	The registered persons shall ensure that arrangements are put in place for embedding the new regional operational safeguarding policy and procedure into practice.	**Partially met**
	Action taken as confirmed during the inspection: The manager had completed the safeguarding champion training in December 2017 and the safeguarding policy was in accordance with regional guidance. In relation to embedding the policy and procedure into practice refer to section 6.4 in respect of the number of staff who had completed training in this area.	

Area for improvement 3 **Ref**: Standard 4 **Stated:** First time	The registered persons shall ensure that a system is put in place to monitor and record pressure mattress settings, to ensure their effective use; and this information is included in the care plans.	**Met**
	Action taken as confirmed during the inspection: Discussion with staff, a review of patient care records and repositioning records evidenced that staff were aware of and put in place a system to monitor and record pressure mattress settings.	
Area for improvement 4 **Ref**: Standard 5.8 **Stated:** First 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.	**Not met**
	Action taken as confirmed during the inspection: Evidence was present in the nurses' station/office in one unit of information which contravened patient confidentiality.	
Area for improvement 5 **Ref**: Standard 41 **Stated:** First time	The registered persons shall ensure that a permanent record is maintained of the name of the nurse in charge of the home, in the absence of the manager; and the practice of amending duty rotas, as described in this report should cease.	**Met**
	Action taken as confirmed during the inspection: Evidence was present in the home to inform patients and visitors to the home of who was in charge in the absence of the manager. The practice of staff amending the duty rota had ceased. Any amendments to the duty rota is authorised by the manager.	

Area for improvement 6 **Ref**: Standard 16.11 **Stated:** First time	The registered persons shall ensure that responses made in relation to all complaints are maintained in the home.	**Met**
	Action taken as confirmed during the inspection: The review of the complaints record evidenced that complaints management was in accordance with Regulation 24, The Nursing Homes Regulations (Northern Ireland) 2005.	
Area for improvement 7 **Ref**: Standard 22.10 **Stated:** First time	The registered persons shall ensure that the patient falls' audit is analysed more meaningfully, to ensure that there is analysis of the patterns and trends for each patient.	**Met**
	Action taken as confirmed during the inspection: The review of the monthly falls audit evidenced that a thematic review is undertaken so as to assess any possible patterns or trends.	
Area for improvement 8 **Ref**: Standard 35.17 **Stated:** First time	The registered persons shall ensure that there is a robust system in place for managing alerts regarding staff that have sanctions imposed on their employment by professional bodies.	**Met**
	Action taken as confirmed during the inspection: The review of documentation relating to the management of alerts regarding sanctions placed on staff evidenced a robust process was in place.	
Area for improvement 9 **Ref**: Standard 36.2 **Stated:** First time	The registered persons shall amend the policy on the use of CCTV to ensure it is in line with RQIA guidance and to remove the reference to RQIA identified. The amended copy should be submitted to RQIA with the returned QIP.	**Met**
	Action taken as confirmed during the inspection: The review of the submitted policy evidenced that where RQIA had previously been referenced this had been removed and the policy amended.	

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 for the weeks commencing 15 and 22 January 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

The review of four staff recruitment information evidenced that the records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 following the previous inspection of 15 September 2017. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Training is delivered electronically and a system has been implemented that the administrator informs the manager and individual staff members if their training requirements have not been met. However, the review the staff training statistics evidenced that a significant number of mandatory training modules still required to be completed by staff before the end of the training year in March 2018 (as indicated by the manager) including adult safeguarding and infection prevention and control procedures. The system of monitoring to ensure staffs compliance with training requirements in a timely and efficient manner should be established. This has been identified as an area for improvement under the care standards.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager had completed the relevant training in December 2017 and had been identified as the safeguarding champion. The procedure for making a safeguarding referral was discussed with a registered nurse. There was no information in the nurses' offices throughout the home. We were informed that the internal procedure was to contact the manager in the event of a potential safeguarding issue who would direct the appropriate course of action. The contact details and

referral procedure for the adult safeguarding team should be readily available and this has been identified as an area for improvement under the care standards.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Refer to section 6.5.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Observation of premises and the care practices evidenced that risk assessments had been completed regarding the use of bedrails. However and as observed in one patient's bedroom the bedrails had been adapted. This is an unsafe practice and bedrails must only be used in accordance with departmental guidance. This was discussed with the manager who agreed to reassess and/or remove the adaptation to the bedrail. Staff must be aware of the safe use of patient equipment and this has been identified as an area for improvement under regulation.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since September 2017 confirmed that these were appropriately managed.

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 and well decorated throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Observation of the premises, specifically the bathroom and toilet areas, evidenced that Infection prevention and control measures were not being adhered to and equipment was inappropriately stored.

- There was evidence of a significant number of clinical waste bags being retained in bathrooms. This was discussed with care staff who stated that the procedure was to seal the used bags and leave them in the bathroom. This is not good practice.
- There was evidence that patients could access the sluice rooms and substances hazardous to health were stored in the sluice areas.
- There was evidence of inappropriate storage in sluice rooms as clothing; weighing scales and a privacy screen were observed.
- There was inappropriate storage of equipment in bathrooms including commode chairs and hoists.
- There was a toilet cleaning brush observed on the housekeepers trolley, the brush was enclosed and was not of an air dry type. There were no toilet cleaning brushes in bathrooms or toilets.

Staff must be knowledgeable in respect of infection prevention and control procedures and adhere to procedure at all times. This has been identified as an area for improvement under regulation.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and induction.

Areas for improvement

The following areas were identified for improvement under regulation; infection prevention and control procedures and the safe use of a restrictive practice, for example bedrails.

The following areas were identified for improvement under the care standards; information regarding the contact details and referral procedures in respect of adult safeguarding should be readily available and a more systematic and timely approach to ensuring the completion of mandatory training.

	Regulations	Standards
Total number of areas for improvement	2	2

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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, there was evidence in one patient's care records of three different pain assessment tools in use. This can lead to confusion and inconsistency. Staff should identify one validated tool for use. This was identified as an area for improvement under the care standards.

Care records 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.

The review of patient care records did not evidence the following; the rationale and decision to adapt bedrails and the use of CCTV in patient's bedrooms in accordance with the deprivation of liberty standards. This has been identified as an area for improvement under regulation. There was no evidence of a definition of personal care regarding the use of CCTV in patients' bedrooms. This should be present to provide clarity for patients, patients' representatives and staff and assist in the decision making process. This had been identified as an area for improvement in the previous inspection report of 15 September 2017 and has been stated for a second time.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, an area for improvement, previously identified in the care inspection report of 15 September 2017, was

made with regard to ensuring that patient information was not detailed on notice boards in the nurses' office for others to view. Evidence remained of patient information on one notice board. This area for improvement has been stated for a second time.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. Patient representatives confirmed that they were invited to and/or attended annual care reviews.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager or the nurse in charge.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

There was information available to staff, patients, representatives in relation to a range of service, for example; advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement under regulation; ensuring care records reflect the rationale and decision for the use of bedrails and care plans in accordance with the deprivation of liberty standards regarding the use of CCTV in patients' bedrooms.

The following area was identified for improvement under the care standards; one assessment tool for the effective management of pain should be in use to promote consistency.

	Regulations	Standards
Total number of areas for improvement	1	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.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of the midday meal was observed. The meals were plated by staff at the point of service and smelt appetising. Some staff placed patients' meals on a tray when transporting the meal to serve a patient, others did not. Hygiene principles advocate the use of tray service. Patients who preferred to have their meal in their bedroom had tray service by staff. Patients were afforded a choice at mealtimes including those patients who required a specialised diet. This was evidenced on the record of patients' meal choice.

We observed the serving of the midday meal in the units for persons living with dementia. A number of tables had been 'pushed together' in the centre of the lounge/dining room. Dining tables were not set, there was a lack of condiments in evidence so as patients could have their meal to their preference and whilst juice and milk were available patients were not offered a choice, staff appeared to make the decision on patients' behalf. Music was playing quite loudly during the meal service and there was a lack of any visual cues to inform patients it was lunchtime or a mealtime. The dining experience for patients was not in accordance with best practice in dementia care and evidenced a lack of staffs' dementia awareness knowledge. The dining experience has been identified as an area for improvement under regulation and training should be made available to staff that includes for example; person centred care, communication with persons living with dementia and understanding behaviours, this list is not exhaustive.

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

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

Patient comments included:

"Very good here"
"I came for two weeks respite and stayed"
"Staff are 100 percent"
"Sometimes attend patients meetings because of the change in management"
"No problems with staff"
"I always ask the agency staff their names"

Patients' representatives' comments included:

"Satisfied with all aspects"
"Did note a high turnover of staff"
"All staff should wear name badges"
"Atmosphere difficult because of all the changes in staff"
"I'm happy with the use of CCTV"
"Staff keep me well informed"
"Should come on a Sunday as not as many staff about"
"My (relatives) named nurse is very good"

Staff comments included:

"I love the CCTV"
"Nothing bad can happen"
"Patients dignity is kept in check because of the CCTV"
"I was a bit sceptical at the beginning re CCTV but feel it protects us (staff)"

Questionnaires

Three questionnaires were returned from patient representatives. Two respondents were neither very dissatisfied or very satisfied that care was safe, effective and compassionate and that the service was well led. One respondent was very satisfied across the four domains.

Comments included:

"As a relative I still have concerns re moving and handling and communication variations"
"More time should be available encouraging patients to eat"

One patient responded via questionnaire. The respondent was very satisfied that care was safe, effective and compassionate and that the service was well led.

Comments included:

"Very disappointed RQIA inspector on recent visit took issue with name plate on my door- feel they should have been concentrating on issues that are actually important".

There were no questionnaires returned from staff.

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.

Areas for improvement

The following area was identified for improvement under regulation: the patients dining experience should be enhanced in accordance with best practice and specifically from a dementia perspective.

The following area was identified for improvement under the care standards: a range of staff training should be provided in best practice in dementia care.

	Regulations	Standards
Total number of areas for improvement	1	1

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 registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. The manager commenced in the home In October 2017 and this is currently an acting post. A Clinical Manager had recently been appointed for the organisation to provide support for the homes within the group.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. The nurse in charge of the home in the absence of the manager was clearly indicated on the duty rota and at the entrance of the home to inform visitors.

Discussion with the manager and review of the home's complaint records 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.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately. 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.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The review of the audits of patient care records did not evidence that a robust process was in place. Audits viewed in patient care records evidenced that not all parts

of the audit had been completed and there were no areas for improvement identified. The manager should establish a systematic and effective approach to auditing that defines the appropriate actions to be taken to address any shortfalls identified. It was concerning that the issues identified regarding infection prevention and control procedures in the home and the control of substances hazardous to health had not been identified by staff or through audit. Governance arrangements should effectively report on the quality of services and nursing provided by the home. This has been identified as an area for improvement under regulation.

Discussion with the manager and review of records evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement under regulation; effective governance systems must be established to report on the quality of services and nursing provided by the home.

	Regulations	Standards
Total number of areas for improvement	1	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 20 (c) (i) **Stated:** Second time **To be completed by:** 31 March 2018	The registered persons shall ensure that a system in put in place to ensure that the manager has oversight of the staffs' compliance with mandatory training requirements. Ref: Section 6.2
	Response by registered person detailing the actions taken: Both manager and administrator have met with the training supplier in order to review the system.We have compiled a live matrix for training schedules. The nursing home is now able to provide a live training matrix and compliance reports. This is displayed monthly for all staff to be aware of any topics due for completion. Non compliance of mandatory training will lead to disciplinary measures being taken. All staff are aware of same.
Area for improvement 2 **Ref:** Regulation 13 (2) and (3) **Stated:** Second time **To be completed by:** 31 March 2018	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. Ref: Section 6.2
	Response by registered person detailing the actions taken: The forms for best interestt decisions for use of CCTV have been reviewed and amended by the contracted provider CareProtect involving their legal team in defining the term 'personal care'. These revised documents are available on request.
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 31 March 2018	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: Section 6.4
	Response by registered person detailing the actions taken: Following the inspection the procedure for removal of clinical waste has been reviewed and a system put in place were by a staff member is allocated this duty and same is to be removed following any incontinence round and when necessary. Keypad locks have been placed on all sluice rooms in order to safely store any hazardous chemicals. Bathrooms have been cleared of all general storage.

Area for improvement 4 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 31 March 2018	The registered person shall ensure that staff are knowledgeable through training or other measures of the safe use of a restrictive practice Ref: Section 6.4
	Response by registered person detailing the actions taken: Training has been provided for all staff on the use of restrictive practice.
Area for improvement 5 **Ref:** Regulation 12 (1) (b) **Stated:** First time **To be completed by:** 31 March 2018	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. Ref: Section 6.5
	Response by registered person detailing the actions taken: All carefiles have been reviewed regarding use of restrictive practice and any care records for same have been updated. Careplans have been put in place for use of CCTV.
Area for improvement 6 **Ref:** Regulation 12 (4) **Stated:** First time **To be completed by:** 31 March 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: Section 6.6
	Response by registered person detailing the actions taken: Training has been provided in relation to the mealtime experience in relation to dementia practice. Mealtiume experience audits have also been introduced as part of routine monthly monitoring processes.
Area for improvement 7 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 31 March 2018	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 Ref: Section 6.7
	Response by registered person detailing the actions taken: Following the inspection audits for the above areas have been reviewed and new systems put in place.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 **Ref**: Standard 13 **Stated:** Second time **To be completed by:** 31 March 2018	The registered persons shall ensure that arrangements are put in place for embedding the new regional operational safeguarding policy and procedure into practice. Ref: Section 6.2 **Response by registered person detailing the actions taken:** The Acting Home Manager is adult safeguarding champion with the Deputy Manager and Nursing Sisters being nominated people having completed their courses in February 2018. The Clinical Manager has also completed a 'train the trainer' course and will be providing training for all staff.
Area for improvement 2 **Ref**: Standard 5.8 **Stated:** Second time **To be completed by:** 31 March 2018	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. Ref: Section 6.2 **Response by registered person detailing the actions taken:** These notice boards have been removed. New resident information handover sheets have been provided which are less conspicuous.
Area for improvement 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 31 March 2018	The registered person shall ensure that the contact details and procedure for adult safeguarding referrals are readily available in the home and nurses station. Ref: Section 6.4 **Response by registered person detailing the actions taken:** New adult safeguarding files have been provided on each unit containing policies and procedures for safeguarding referrals and all contact details are held in same. These details are also laminated on display in the Administration office .
Area for improvement 4 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 31 March 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: Section 6.4 **Response by registered person detailing the actions taken:** All staff have been given a deadline to have all mandatory training completed. Failure to do so will lead to unpaid suspension from work and potential disciplinary action. Same will be monitored by theActing Home Manager on an ongoing basis. A new matrix is in place to record and monitor completion of same.

Area for improvement 5 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 31 March 2018	The registered person shall ensure that a validated pain management assessment tool is consistently used by staff. Ref: Section 6.5
	Response by registered person detailing the actions taken: All nurses have been made aware to ensure that they are using the Abbey pain scale in order to assess pain effectively.
Area for improvement 6 **Ref**: Standard 25 **Stated:** First time **To be completed by:** 31 May 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: Section 6.6
	Response by registered person detailing the actions taken: Online training is now provided for staff in relation to dementia care, complex behaviours, communication and person centred care. A workbook module for training on the mealtime experience has been introduced.

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

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