

Unannounced Care Inspection Report 7 and 8 November 2017



Carlingford Lodge Care Home

Type of Service: Nursing Home (NH)
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN
Tel no: 028 4175 9200
Inspector: Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 74 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Mrs Nicola Cooper	Registered Manager: See box below
Person in charge at the time of inspection: Ms Sara Main	Date manager registered: Ms Sara Main, acting – no application
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 74 comprising: A maximum of 41 persons in category NH-I and 33 persons in category NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 7 November 2017 from 09.15 to 16.50 hours and on 8 November 2017 from 09.30 to 15.15 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 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 recruitment practice; induction of staff; monitoring registration status; risk management; the home's general environment; risk assessment; patient referrals; shift handovers; teamwork; quality improvement and the culture and ethos of the home in relation to dignity and privacy of patients.

Areas for improvement under regulation were identified in relation to compliance with infection prevention and control; compliance with control of substances hazardous to health; complaints; notifiable events and the management of an identified patient. Areas requiring improvement were identified under the care standards and included safe use of equipment; staff training on patients' distressed reactions; appropriate storage of food products and patients' drinking water and the storage of supplementary care records. An area for improvement was stated for the second time at this inspection in relation to the use of pain assessment tools.

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.

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	*6	5

*The total number of areas for improvement includes one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sara Main, manager, and Caron Conroy, Quality Improvement Lead, 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 29-30 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 29 and 30 August 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients, nine staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an on-line questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 6 November 2017
- 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
- one staff recruitment and induction file
- four patient care records
- four patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29-30 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 29-30 August 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 12 (1) (a) and (b) Stated: Second time	The registered person shall ensure that wound care is managed in accordance with National Institute of Clinical Excellence (NICE) guidelines. Ensure care plans and supplementary records accurately reflect the bowel movements of patients where necessary.	Met
	Action taken as confirmed during the inspection: Wound management and bowel management records reviewed evidenced that these had been managed in accordance with NICE guidelines. However, a new area for improvement will be made in respect of record keeping for one identified patient's wound.	
Area for improvement 2 Ref: Regulation 12 (1) Stated: Second time	The registered person shall ensure care is delivered in a safe and timely way in accordance with the patients' needs.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff and observation during a review of the environment confirmed that care had been delivered in a safe and timely way. Staff confirmed that when other staff are absent due to unplanned sickness absence, care may be delayed.	

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of four patients' supplementary care records confirmed that these had been completed contemporaneously on the majority of occasions.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a review of the auditing system to ensure it is robust in order to address the issues raised in relation to the management of care records and the monitoring and management of cleaning.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the quality improvement lead and the manager and a review of four patient care records evidenced that all patient care records had now been audited and shortfalls identified were in the process of correction at the time of inspection. Oversight of the effectiveness of the cleaning provided in the home was satisfactorily reviewed through infection prevention and control audits and through environmental audits.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the falls risk assessments are managed in accordance with best practice and care records are updated accordingly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of four patients' care records evidenced that this area for improvement is now met.</p>		

<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure all areas of the home are maintained clean and that cleaning schedules are reflective of the cleaning carried out. The cleaning schedules should be also be adhered to and a period of monitoring should be undertaken by the manager to ensure the planned cleaning is conducted.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A cleaning schedule had been developed and plans were in place to implement the schedule. Oversight of cleaning was reviewed through infection prevention and control audits and through environmental audits. The home was found to be clean on inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients identified as being at risk of malnutrition have their care records updated in accordance with their care needs following any review.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patient care records evidenced that this area for improvement is now met.</p>		
<p>Area for improvement 8</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure pain assessments are carried out on all patients in pain.</p> <p>Staff shall ensure they assess the patient's level of pain in order to administer the prescribed breakthrough pain relief medication.</p>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with two registered nurses confirmed that a pain assessment tool was not used during the administration of medications.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: Second time	The registered person shall address the negative comments made by relatives and patients.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed the responses to the negative comments made by relatives and patients.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall review the portion and plate sizes during mealtimes to ensure they appropriately meet the needs of patients.	Met
	Action taken as confirmed during the inspection: During a mealtime observation, the portions and plate sizes served were appropriate for the patient to which the meal was served to.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that during the monthly monitoring visits, the areas for improvements identified during the inspection are actioned as a priority. The quality monitoring records should be reflective of the progress or non-progress made.	Met
	Action taken as confirmed during the inspection: There was evidence within monthly monitoring records, that areas for improvement identified on inspection were appropriately actioned.	

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 a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 6 November 2017 evidenced that the planned staffing levels were adhered to. Discussion with the manager confirmed that recruitment was ongoing to fill staff vacancies in the home. The manager and staff confirmed that the majority

of requested shifts in the home had been filled with the home's own staff working extra hours and/or agency staff. Where agency staff were used, the same staff were employed to ensure consistency of care where possible. Agency staff consulted during the inspection confirmed that they had been 'block booked' to December 2017. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with the manager and staff and observation during a review of the environment confirmed that care had been delivered in a safe and timely way. Staff confirmed that when other staff are absent due to unplanned sickness absence, care may be delayed. This was discussed with the manager who described actions taken regarding sickness management.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

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. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. Discussion with staff and the manager confirmed that where agency nursing and care staff were employed, they also received an induction in the home prior to commencing their first shift.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff consulted confirmed that the training provided was relevant to their roles and responsibilities. However, discussion with staff also highlighted that their knowledge with regards to the management of distressed reactions with patients could be improved. This was discussed with the manager and identified as an area for improvement to ensure all staff had appropriate training in this area reflective of their role.

Discussion with the manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the manager had been completed appropriately.

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 and quality improvement lead confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and training pertinent to this role had been scheduled to be completed in November 2017.

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.

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. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. However, RQIA had not been suitably notified of two recent notifiable accidents. This has been identified as an area for improvement in section 6.7.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- rusting shower chairs in use
- shower chair not cleaned effectively after use
- uncovered pull cords
- fall out mattress in disrepair
- personal protective equipment dispensers not replenished in a timely manner.

The above issues were discussed with the manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement under regulation was made.

During the review of the environment, the pressure settings on two airwave mattresses were observed to have been incorrectly set for the patient. These observations were discussed with the manager and identified as an area for improvement.

During the review of the environment, three doors leading to rooms containing harmful substances were observed accessible to patients. This was discussed with the manager and identified as an area for improvement in regard to compliance with control of substances hazardous to health (COSHH) legislation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practice, induction of staff, monitoring registration status, risk management and the home's general environment.

Areas for improvement

Areas were identified for improvement under regulation in relation to compliance with best practice in infection prevention and control and compliance with control of substances hazardous to health (COSHH) legislation.

Areas were identified for improvement under care standards in relation to staff training on patients' distressed reactions and the safe use of equipment.

	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 also evidence, following discussion with two registered nurses and a review of two patient care records, that pain assessment tools were not used to determine the need for, or effectiveness of, analgesia administered. This was disappointing as the requirement for pain assessment tools was identified as an area for improvement at the previous care inspection. This was discussed with the manager and stated for the second time as an area for improvement.

There was evidence that wound care management had improved since the last care inspection and an area for improvement in this regard has been met at this inspection. Although, a new area for improvement was made in regard to the wound care record keeping in respect of one identified patient.

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

Some patients' supplementary care records were stored outside patients' bedrooms on a bannister in the public corridor. All persons passing by would have access to these records. This was discussed with the manager and identified as an area for improvement as this practice was not in keeping with legislative and professional guidance on the storage on patient care records.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

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 they received appropriate information at the handover to meet the needs of patients.

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

The manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake daily walks around the home and would avail of the opportunity to engage with patients and relatives at this time. Notices for relatives/representatives attention were displayed at the reception area and the entrance to the home. Separate relatives and patients meetings were conducted in the home. The manager stated that the home will aim to achieve patient meetings on a monthly basis and relatives meetings twice yearly. There was evidence of a relatives' meeting in July 2017. Minutes were available following the meeting. The manager also confirmed that patient satisfaction surveys had commenced on 8 September 2017 and that the home aimed to achieve these surveys on a monthly basis. Methods for effectively communicating the findings from patients' surveys to staff was discussed on inspection.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, patient referrals, shift handovers and teamwork.

Areas for improvement

An area was identified for improvement under regulation in relation to the management of an identified patient.

An area was identified for improvement under standards in relation to the storage of patients' supplementary care records.

An area for improvement, in relation to the use of pain assessment tools, made at the previous care inspection has been stated for a second time at this inspection.

	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 interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

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

The serving of lunch was observed in the ground floor unit. Lunch commenced at 12.35 hours. The dining room was signposted in the main corridor. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from a heated trolley 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. An area for improvement previously made in this regard has been met at this inspection. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Food was covered when transferred from the dining room. 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.

During a review of the environment, food products in a cupboard within a communal area were observed to have been stored inappropriately. Bread had not been sealed after opening and a sugar container was left uncovered. Furthermore, three jugs containing drinking water on medicine trolleys and in a patient's room were observed uncovered. This was discussed with the manager and identified as an area for improvement.

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

Nine staff members were consulted to determine their views on the quality of care within Carlingford Lodge.

Some staff comments were as follows:

"I love it here."

"Love working here. Other staff are very supportive."

"Communication is good between the team in the dementia unit."

"I enjoy my job. It can be mentally and stressfully challenging but it's a good place to be."

"Can be very hard stressful work."

"Really happy here. Well supported."

"Nice home. I enjoy it here."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Twelve patients were consulted during the inspection.

Some patient comments were as follows:

"Very nice people here."

"It's alright. They (the staff) treat you well."

"It's very very good here."

"It could be better."

“It’s absolutely scintillating here.”
 “I’m comfortable here.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Three patient representatives were consulted during the inspection. Concerns raised during this consultation were passed to the manager and quality improvement lead for their review and action as appropriate. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the 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 in relation to dignity and privacy.

Areas for improvement

An area for improvement was identified under care standards in relation to the appropriate storage of food and patients’ drinking water.

	Regulations	Standards
Total number of areas for improvement	0	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.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Discussion with staff evidenced that four staff were not aware of the organisational structure due to recent changes within the provider’s senior management team. The manager agreed to address this with staff to ensure clarity. Staff were able to describe their roles and responsibilities.

Discussion with the manager and review of the home’s complaints record evidenced that complaints were not managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Details of a previous complaint, brought to the inspector’s attention during the inspection, had not been recorded or managed appropriately. This was discussed with the manager and identified as an area for improvement. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

“I would like to offer my heartfelt thanks to all the staff at Carlingford Lodge who looked after my mother. I cannot praise them highly enough.”

“Thank you so much for looking after dad in his last days. It was very comforting to know he was so well cared for.”

“We are thankful for the friendship formed during mum’s time and the love that she was shown.”

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. As stated in section 6.2 all patient care records within the home had been audited. Audits reviewed on the nursing unit evidenced the actions taken to address shortfalls. Care records in the dementia unit were in the process of correction.

Staff consulted confirmed that when they raised a concern, the home’s management would take their concerns seriously.

Discussion with the manager and review of accident records evidenced that two recent notifiable events had not been reported to RQIA. This was discussed with the manager and identified as an area for improvement.

The system and processes for managing safety alerts and notifications was not robust enough to ensure effectiveness. This was discussed with the manager and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good relationships.

Areas for improvement

Areas were identified for improvement under regulation in relation to complaints and notifiable events.

An area was identified for improvement under standards in relation to management of safety alerts.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sara Main, manager, and Caron Conroy, Quality Improvement Lead, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure pain assessments are carried out on all patients in pain.</p> <p>Staff shall ensure they assess the patient's level of pain in order to administer the prescribed breakthrough pain relief medication.</p> <p>Ref: Section 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: Abbey pain score introduced alongside PRN protocol for pain relief. Evaluated on care plan once administered to monitor effectiveness. All residents with regular pain relief prescribed also have pain tool evaluated monthly or when pain increases.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Fall out mattress and shower chair removed on day of inspection, storage reviewed in identified rooms, personal protective equipment dispensers replenished and monitored on daily walk around.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Individual supervision completed with housekeeping team regarding storage of chemicals. Lock repaired on cleaning store on day of inspection and checked during daily walk around.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the identified patient's care plans are updated to reflect the current care required on an ongoing basis and that such care is delivered.</p> <p>Ref: Section 6.5</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: The individual residents care file has now been reviewed and updated, and additional care plan written. Resident of the day is now in place on both units and completed successfully.</p>
<p>Area for improvement 5 Ref: Regulation 24 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints received in the home are managed in accordance with the home's complaints policy and procedures; Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Complaints reviewed regarding company policy and guidelines.</p>
<p>Area for improvement 6 Ref: Regulation 30 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that incidents notifiable to RQIA are notified to RQIA in a timely manner.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Clinical supervision discussion in relation to Reg 30 notifiable events completed. Completed Reg 30 forms are also sent to Quality Team and entered onto portal in timely manner.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1 Ref: Standard 17 Criteria (7) Stated: First time To be completed by: 31 January 2018</p>	<p>The registered person should ensure that staff within the home receive training and/or supervision pertinent to their role on the management of distressed reactions in patients.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Managing Distressed Reaction Policy and guidelines issued to all staff on how to complete distressed reactions appropriately. Awaiting training dates from company on management of distressed reactions.</p>
<p>Area for improvement 2 Ref: Standard 45 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patient's air mattresses.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Skin bundle ammended to include air mattress at correct setting. Correct setting highlighted on mattress pump for the individual resident according to the manufactures guidelines.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that good practice is adhered to in accordance with legislative requirements in relation to the storage of patient care records.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Supplementary folders now stored in residents bedrooms, with exception of one resident file stored in nurses station as requested by resident. Monitored by nurse on duty throughout the shift.</p> <p>The registered person shall ensure that food products are stored appropriately in the home and all patient drinking water vessels are covered at all times.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Extra jugs with lids ordered, cereal, biscuit tin and bread bins reviewed. Monitored by catering staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>The registered person shall ensure a robust system is in place to manage urgent communications, safety alerts and notifications.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Safety alerts printed and shared with relevant teams at flash meetings, signed by staff. Discussed at monthly governance meetings.</p>

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



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

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

Assurance, Challenge and Improvement in Health and Social Care