

Unannounced Care Inspection Report 29 and 30 August 2017



Carlingford Lodge Care Home

Type of Service: Nursing Home (NH)
Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN
Tel No: 028 41759200
Inspector: Donna Rogan

www.rqia.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: Nicola Cooper	Registered Manager: Sara Main (acting)
Person in charge at the time of inspection: Sara Main	Date manager registered: Sara Main – acting, application not yet submitted
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia	Number of registered places: 74 comprising: 41 NH-I 33 NH-DE

4.0 Inspection summary

An unannounced inspection took place on 29 August 2017 from 09.45 to 18.30 hours and 30 August 2017 from 10.15 to 14.30 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 careinspection and to determine if the homewas delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training and development, the dementia strategy, governance arrangements and the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and where necessary taking into account of the views of patients.

Areas requiring improvement under regulation were identified in regard to the management of records in relation to wound care; pain management; the management of falls;the management of supplementary care records; the management of nutrition; the management of pain; the management of one patient's care; the auditing of care records and the management of cleaning and accurately recording patients' bowel functions. Areas for improvement under standards were identified in regard to the management of the mealtime experience; the quality monitoring reports and addressing the concerns raised by relatives.

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 homewith 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	*8	*3

*Two of the areas for improvement made under regulations were previously stated as areas for improvement under the care standards during the previous inspection, they had been stated for a second time. Both are now stated for improvement under regulation for the first time. *One area for improvement is stated for a second time under regulations. *One area for improvement under the care standards is stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sarah Main, manager, and Roberta Wilson, regional support, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcementaction did not result from the findings of this inspection.

4.2 Action/enforcementtaken following the most recent inspection dated 21 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 21 June 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 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 25 patients, 13 staff and 10patients’visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff, twelve relatives and eight for patients 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 all week commencing 14 August to 27 August 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
- five patient care records
- eight patients' supplementary care records in relation to food and fluid intake, bowel management and repositioning
- complaints record
- minutes of staff meetings
- minutes of patients' meetings
- a selection of audit records
- 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and regional support manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated during the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 May 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 15 (2) (c) Stated: Second time	The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.	Met
	Action taken as confirmed during the inspection: There was evidence in the five care records that they were kept under review monthly and were evaluated in accordance with care needs. However three further areas for improvement have been made regarding managing care records in relation to wound care, falls and pain management.	
Area for improvement 2 Ref: Regulation 20 Stated: First time	The registered persons must ensure that mandatory training is attended for all staff in keeping with the homes' policies and procedures. A management system should be put in place to ensure that staff still required to complete training are identified and reminded to complete their training as a priority. The manager should confirm an update on the training statistics in the returned QIP to RQIA.	Met
	Action taken as confirmed during the inspection: A review of the training records evidenced that mandatory training is completed in accordance with the home's policies and procedures. The training matrix is managed by the administrator and is regularly checked for compliance.	
Area for improvement 3 Ref: Regulation 12 (1) Stated: First time	The registered persons must further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>A review of the dementia unit evidenced that the dementia strategy has been developed; this included the environment, the dining experience and personal centred care. There was evidence that staff have received training in dementia care.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation13 (7)</p> <p>Stated: First time</p>	<p>The registered persons must ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • All cleaning substances should be stored in keeping with COSHH guidelines • Pull cords should be easily cleaned/decontaminated • Personal protection equipment such as gloves, aprons and wipes should be appropriately stored • Cleaning stores should always be locked when not in use • Equipment should not be stored in bathrooms/Wc's <p>Action taken as confirmed during the inspection:</p> <p>A review of the environment evidenced that the above issues have been addressed.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • Ensure that wound care is managed in accordance with National Institute of Clinical Excellence (NICE) guidelines. • Ensure care plans are put in place following patients being identified of being at risk of malnutrition or pressure damage. • Ensure the moving and handling needs of patients are updated in the care records • Ensure care plans include evidence of communicating with relatives • Ensure care plans accurately reflect the bowel movements of patients where necessary • Ensure planned care is delivered in accordance with the patients' needs • Ensure all care records are dated and signed 	Partially met

	<ul style="list-style-type: none"> • Ensure supplementary care records are consolidated by a registered nurse • Ensure appropriate terminology is used in care records • Ensure care plans no longer relevant are removed or marked as complete 	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the care practices and care records evidenced that wound care has not been managed in accordance with the NICE guidelines and this area of improvement has been stated as an area of improvement under regulation.</p> <p>There was sufficient evidence that care plans were in place when patients were identified as being at risk of malnutrition and pressure damage.</p> <p>There was evidence in the care records of communication with relatives.</p> <p>Supplementary care records evidenced significant gaps in recording patients' bowel movements. This part of the area of improvement is stated for a second time.</p> <p>All care records were observed to be dated and signed.</p> <p>There was no evidence that the supplementary care records were consolidated by a registered nurse. This part of the area for improvement is stated for a second time.</p> <p>Appropriate terminology was observed to be used in the care records.</p> <p>Care plans no longer relevant were removed or marked as complete.</p>	

<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that at all times the nurse call system is answered in a timely way.</p> <p>When first sounding the nurse call should be checked by a member of staff to ensure patients are not in any immediate danger.</p> <p>Action taken as confirmed during the inspection: Observation of staff practices evidenced that the nurse call system was answered in a timely way.</p> <p>Staff were observed to check that patients were not in immediate danger when the nurse call bell was sounded.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff knows who is in charge of the home in the absence of the home manager.</p> <p>The registered nurse identified should make themselves aware of the names and numbers of staff on duty and the number of patients who are residing in the building.</p> <p>Action taken as confirmed during the inspection: Staff on duty stated that they were aware of who was in charge of the home in the absence of the home manager. A notice was on display.</p> <p>All staff in both units were aware of the names and numbers of staff on duty. Staff were also aware of the numbers of patients residing in the building.</p>	<p>Met</p>

<p>Area for improvement 8</p> <p>Ref: Regulation12 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure care is delivered in a safe and timely way and in accordance with the patients' needs.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of care delivery evidenced that it was delivered in a safe and timely way. However, it was brought to the manager's attention that one patient identified required their care needs attended to. The patient's care needs was attended to immediately when raised.</p> <p>This area for improvement has not been fully met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure patient identified at risk of falling are observed and monitored by staff in accordance with their needs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care practices evidenced that staff had good knowledge of patients at risk of falls and they were being monitored; however an area for improvement is made that that the care records accurately reflect the care needs of patients.</p>	<p>Met</p>
<p>Area for improvement 10</p> <p>Ref: Regulation13 (4)</p> <p>Stated: First time</p>	<p>The registered persons must ensure medications are administered as prescribed and completed in a timely way.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of care practices evidenced that medications were administered and completed in a timely way.</p>	<p>Met</p>

<p>Area for improvement 11</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staffing levels and skill mix are sufficient in numbers to meet the individualised needs of patients.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Whilst there were some gaps noted in the planned staff duty rotas. They were generally caused by staff sickness and management being informed at short notice. There was evidence that management attempted to fill the gaps; however, at times they were unable to. There was evidence that staff were redeployed throughout the home to ensure the needs of patients were met. There was evidence in the duty rotas and following discussion with staff, it was confirmed that an additional twilight member of staff was in post during the twilight hours.</p>		
<p>Area for improvement 12</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered persons must provide the additional member of staff as agreed at the serious concerns meeting to the frail elderly unit during twilight hours.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Following discussion with staff and a review of the duty rotas evidenced that an additional member of staff was planned to be on duty during the twilight hours.</p>		
<p>Area for improvement 13</p> <p>Ref: Regulation 20 (1) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure duty rotas are prepared well in advance to allow management to source consistent agency staff who are familiar with the home.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Planned duty rotas were observed to be planned at least four weeks in advance.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered persons should ensure that the temperature of patients' bedrooms should be maintained at an appropriate level.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the temperature of patients' bedrooms were maintained at an appropriate level.	
Area for improvement 2 Ref: Standard 21 Stated: First time	The registered persons should ensure the oral healthcare plans displayed in patients' ensuites are updated.	Met
	Action taken as confirmed during the inspection: A review of the oral healthcare plans were observed to be updated.	
Area for improvement 3 Ref: Standard 44 Stated: First time	The registered persons should ensure there is an infection and prevention control link nurse employed in the home who is suitably trained to advise and guide staff in relation to best practice.	Met
	Action taken as confirmed during the inspection: An infection and prevention control link nurse has been identified and has received appropriate training to guide and advise staff in relation to best practice.	
Area for improvement 4 Ref: Standard 43 Stated: First time	The registered persons should ensure that the call bell system is available to patients for whom it is prescribed.	Met
	Action taken as confirmed during the inspection: The call bell system was observed to be available for patients for whom it is prescribed.	

Area for improvement 5 Ref: Standard 6 Stated: First time	The registered persons should address the negative comments made by relatives and patients.	Met
	Action taken as confirmed during the inspection: A review of minutes of relative and patient meetings evidenced that attempts have been made to address patient and relative concerns. However, following this inspection further negative comments have been made by relatives. The management should continue to meet with relatives and staff to ensure their concerns are addressed. An area for improvement is made for the second time.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered persons should ensure that the complaints procedure is updated to include the role of the healthcare trust	Met
	Action taken as confirmed during the inspection: The complaints procedure displayed included the role of the healthcare trust.	
Area for improvement 7 Ref: Standard 35 Stated: Second time	The registered persons should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.	Partially met
	The registered person should 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 infection prevention and control. Action taken as confirmed during the inspection: A review of the care plan audits evidenced that they were reflective of the necessary actions to be taken in order to ensure care plans were up to date. However, there were still some issues identified during this inspection in relation to the management of care records. An area of improvement is now made in this regard under regulation in relation to the auditing of care records.	

Area for improvement 8 Ref: Standard 21 Stated: First time	The registered persons should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.	Not met
	Action taken as confirmed during the inspection: A review of the supplementary care records evidenced that they were not completed contemporaneously and were not being consolidated at the end of any 24 hour period. This area for improvement has not been met and is now subsumed into an area for improvement under regulation.	
Area for improvement 9 Ref: Standard 35 Stated: First time	The registered persons should ensure telephone calls are answered and in a timely way.	Met
	Action taken as confirmed during the inspection: Observation of practice evidenced that telephone calls were answered in a timely way.	
Area for improvement 10 Ref: Standard 44 Stated: First time	The registered persons should ensure the building is checked and secured at night in keeping with fire safety and security.	Met
	Action taken as confirmed during the inspection: A review of the 'nurse in charge folder' evidenced that records are made of the night security checks.	
Area for improvement 11 Ref: Standard 35 Stated: First time	The registered persons should ensure the duty rotas accurately reflect the staff on duty.	Met
	Action taken as confirmed during the inspection: A review of the duty rotas evidenced that they were accurately reflective of the staff on duty.	

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 14 August 2017 to 27 August 2017 evidenced that the planned staffing levels were generally adhered to. Some shortages were observed, the manager stated on these occasions that staff had telephoned in sick without giving much notice and that they were unable to fill the shift. The manager stated that staff sickness was being managed in accordance with the home's policies and procedures. Discussion with patients, representatives and staff evidenced that there were some concerns regarding staffing levels. Four relatives and two patients expressed levels of dissatisfaction with the staffing levels in the returned questionnaires. These concerns were passed to the manager for review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were being met by the levels and skill mix of staff on duty on the day of inspection.

Staff recruitment information was available for inspection and 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 and records were maintained.

Discussion with staff 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 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. Discussion with staff confirmed that they were encouraged by the home's management to suggest additional training which would enable them to meet the assessed needs of patients. Registered nursing staff consulted with described in positive terms recent training in dementia care. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

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.

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. An adult safeguarding champion has been identified and will attend training pertaining to the role.

Review of five 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 in one care record there were two falls risk assessments in place; one had no date recorded of when the assessment was carried out. The risk assessment identified as the current risk assessment did not have a rationale for the increase in risk identified in the care plan. An area for improvement was made under regulations in this regard.

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. Accident records were recorded appropriately and an 'accident analysis form' was completed following a fall. A 'post falls pathway' was maintained following any falls occurring in the home.

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. The home was found to be warm, well decorated and fresh smelling. Patients' representatives spoken with were complimentary in respect of the home's environment with the exception of one relative who stated that they felt there was a foul odour in the dayroom. A review of the environment in the frail elderly nursing unit evidenced that it required cleaning. A review of the cleaning schedules evidenced that "The Docks" area had not been cleaned since 24 August 2017. Following discussion with the domestic staff it was felt that there were not enough domestic hours and that one domestic allocated to each floor was insufficient in order to keep the home effectively clean. An area for improvement under regulation was made to ensure all areas of the home are maintained clean and that cleaning schedules should be 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 carried out.

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 recruitment and selection, training and development, monitoring the registration status of staff employed and ensuring staff were appropriately inducted.

Areas for improvement

The following areas were identified for improvement under regulation; the cleanliness of the home and the recording of falls.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Review of five 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 as previously stated one care record required improvement regarding the recording of falls risk assessments.

Personal care records evidenced that records were not consistently maintained in accordance with best practice guidance, care standards and legislative requirements. For example, there were large gaps in the repositioning records, food and fluid charts and bowel movement records. There was also evidence that they had not been consolidated by the registered nurse. An area for improvement had been made in this regard during the previous inspection under the care standards for a second time. An area for improvement was made under regulations.

The registered nurses consulted with were aware of the local arrangements and referral process to access other relevant professionals including general practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse specialists (TVN). There was evidence within the care records that the recommendations made by healthcare professionals in relation to specific care and treatment were being adhered to, this information was reflected appropriately in the patient's care plan.

Five patient care records were reviewed. One patient identified as requiring a food supplement did not have the rationale recorded for the prescription. The nutritional care plan had not been evaluated or updated since 30 June 2017 and old information which was no longer relevant was confusing making the plan of care cumbersome to follow. Another patient had stage 2 thickened fluids recorded in their care plan, however, in the supplementary care records it was recorded as requiring normal fluids. An area for improvement was made in this regard.

A patient identified with a wound did not have their care records updated in accordance with the NICE guidelines. There were large gaps noted in two patients ongoing wound assessments. One care plan was not updated to reflect that there was an infection in the wound. One care record did not have a separated on-going wound assessment for two identified wounds. An area for improvement was made for a second time under regulation in relation to the management of wound care.

Another patient who was identified as having pain did not have a pain assessment in place despite them having a care plan in place describing them as being in chronic pain. There was no evidence of staff having assessed the patient's level of pain in order to administer the prescribed break through pain relief medication. An area for improvement was made under the regulations in this regard.

The management of one patient's personal care was identified to the manager. The patient who was being nursed in bed at 12.15 hours did not have their personal hygiene record completed. The patient was observed to be unkempt; their bed sheets were dirty as were the bed bumpers and their chair. The floor was also dirty. Staff spoken with stated that they did not tend to the personal needs of the patient until 12.30 hours as they were behind in their morning routine. An area of improvement made in this regard under regulation in the previous

inspection has now been stated for a second time to ensure that all care needs of patients should be tended to in a timely way.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. The registered nurses consulted with explained that the annual care review meetings were used as an opportunity to discuss the care plans with the patients' representatives. There was evidence of regular communication with representatives within the care records.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff spoken with also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

A review of the lunchtime meal evidenced that the mealtime was well organised and staff were observed to attend to patients needs in a timely way. Choices were available and patients could choose to have their meals in the dining rooms, in their bedrooms or in the lounges. The plate sizes should be reviewed to ensure they are appropriate to the portion sizes served. Smaller plates were in use and they were generally overfilled and did not appear appetizing. The gravy was observed to be over spilling on the plate. An area for improvement was made in this regard under the care standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders; attendance at meetings; and communication with multidisciplinary professionals.

Areas for improvement

There were two new areas for improvement identified in this domain under regulation in relation to the management of nutrition and pain. An area for improvement is also made under the care standards in relation to the management of portion sizes at mealtimes.

There are three areas for improvement previously stated; they are now for a second time in relation to the management of supplementary care records, wound care management and meeting the personal care needs of patients.

	Regulations	Standards
Total number of areas for improvement	2	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 25 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. One staff member was designated to provide activities in the home five days a week. Patients consulted with stated that there were different activities they could participate in.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. The home management team recently held two meetings with relatives as there has been some concerns regarding the quality of patient care and staffing levels. The meetings were well attended by relatives and members of the local healthcare trust. Many issues were discussed and an action plan has been prepared in order to address the concerns raised. A number of relatives also recently requested questionnaires from RQIA in order to express their views to the inspection team. The comments returned in the questionnaires were discussed verbally with the regional support manager, Roberta Wilson, by telephone. Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the 'care, kindness, support and friendship' shown to a patient when receiving end of life care.

During the inspection, we met with 25 patients, eight care staff, two registered nurses, two kitchen staff, one domestic staff and ten patients' representatives. Some comments received are detailed below:

Staff

"The care is very good, we are like a happy family".

"The care is good, the staff are very friendly".

"I have no concerns".

“The care is really good, we try our best”.

“We are very behind today”.

“Sometimes there are staff shortages when staff telephone in sick at the last moment”.

Patients

“I am getting on alright, they are treating me great”.

“They respect me I am well looked after”.

“It is very good”.

“They are good here, the food is excellent”.

“It is alright, but sometimes the food is not great”.

“You can be waiting for staff to take you to the toilet sometimes”.

“I am happy enough here”.

Patients’ representative

“The staff are all very good, I have never seen anything to worry about here”.

“(My relative) seems to be getting on fine”.

“The care is good I think and the food seems fine”.

“It is good, I cannot complain”.

“There is a foul odour at times”.

“Staffing can be problematic”.

“I have raised a few concerns with the manager”.

“Staff are very good, but they can be short staffed and under pressure at times”.

We also issued ten questionnaires to staff, twelve relatives and eight questionnaires to patients. Four staff, six patients and five relatives had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as follows:

Patients: respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was wellled. Two questionnaires returned stated that they “had to wait to be toileted” and that they, “call out a lot for staff”.

Relatives: One respondent indicated that they were either ‘very satisfied’ or ‘satisfied’ that the care in the home was safe, effective and compassionate; and that the home was wellled. Four relatives expressed dissatisfaction with the staffing arrangements. The following comments were made;

“Bins are sometimes left for days overflowing, crockery has scum on it”.

“Chairs are not cleaned everyday”.

“Staff listen, but have not always acted on requests”.

“Face not always cleaned after meals”.

“I have no confidence in the manager”.

“General cleaning is not adequate; toilets are not cleaned properly after use”.

“We are not informed of all care or treatment”.

“Guttering clogged with weeds, situation remains the same”.

“One cleaner not enough, rooms should be cleaned daily; bins not emptied on daily basis”.

“You are not notified until you ask a question in relation to care”.

“The manager needs help”.

“We need big improvements”.

“This home is to my mind completely understaffed”.
 “I feel staff are not responsive to my queries regarding my relative”.
 “Requested to have a doctor’s call; to no avail”.
 “I have on a number of occasions been made to feel I was in the way and made feel unwelcome”.

As previously stated the above comments were shared with the regional support manager, who has agreed to address the issues raised and action them where necessary. An area for improvement under the care standards was stated for a second time.

Staff: Four respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent provided written comment, stating that, “I feel there could be more team meetings scheduled; at least once a month”.

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 and staff.

Areas for improvement

No new areas for improvement were identified during the inspection.

There was one area for improvement identified in this domain and stated for the second time under the care standards in relation to addressing the concerns raised by relatives.

	Regulations	Standards
Total number of areas for improvement	0	0

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 observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were usually responsive to any suggestions or concerns raised. All staff consulted with described the manager in positive terms; comments included ‘she helps you out if you have any issues’ and ‘we are well supported by her’. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

Discussion with the manager and staff evidenced that there was an organisational structure within the home. Staff, were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager. This information was displayed. The regional support manager was in the home during both days of inspection and it was acknowledged that some level of support was needed in order to ensure the manager received sufficient management hours to manage the home effectively. Due to staff shortages the manager has had to carry out registered nursing duties to ensure the staffing levels were sufficient. However, as a result this has had a direct impact on the effectiveness of the management structure. The regional support manager has agreed that the manager will not act as a registered nurse and will provide additional support from another manager within the company to assist with the overall management of the home and will in particular assist the manager in the auditing of care records to ensure they are in keeping with the Nursing and Midwifery Guidelines (NMC).

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Two relatives confirmed that they were not confident that staff/management would manage any concern raised by them appropriately. This area of concern was shared with the manager and regional support manager.

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; however, as previously stated there was no evidence regarding the quality of monitoring the cleaning schedules. An area for improvement under the care standards was made for a second time during the previous inspection that the auditing system should be robust in order to address the issues raised in relation to the management of care records. Given the issues raised during this inspection in relation to the care records this area of improvement was raised under regulations.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. The monitoring visits should ensure that the areas for improvements identified during this inspection are actioned as a priority. The quality monitoring records should be reflective of the progress or non-progress made. An area for improvement was made under the care standards in this regard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the support provided to the manager and maintaining good working relationships within the home.

Areas for improvement

There was one area for improvement identified in relation to the regulations and one area for improvement in relation to the care standards. They relate to the auditing of care records and keeping under review the progress made in relation to addressing the issues raised during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	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 Sarah Main, manager and Roberta Wilson, regional support, 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 providers should confirm that these actions have been completed and return the completed QIP [via Web Portal](#) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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) (a) and (b)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that wound care is managed in accordance with National Institute of Clinical Excellence (NICE) guidelines.</p> <p>Ensure care plans and supplementary records accurately reflect the bowel movements of patients where necessary.</p> <p>Ref: Section 6.2 and 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Wound care management reviewed to ensure all accurate and relevant information included from Tissue Viability Nurse Specialist and NICE guidelines. Supplementary records reviewed on day of inspection. Care staff communicated importance of accurately recording bowel movements and reporting to nursing staff.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure care is delivered in a safe and timely way in accordance with the patients' needs.</p> <p>Ref: Section 6.2 and 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Daily allocation sheets reviewed, resident dependency scores reviewed. This will ensure dependency reflects staffing levels therefore care will be delivered in timely manner reflective of each persons needs.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</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>Ref: Section 6.2 and 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Supplementary care records reviewed on day of inspection and replaced by skin bundles. Fluid balance charts are consolidated at end of 24 hour period.</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>Ref: Section 6.2 and 6.7</p>

<p>To be completed by: 30 October 2017</p>	<p>Response by registered person detailing the actions taken: Auditing system is currently being reviewed by manager with support of Quality Improvement Lead. Action Plans will be completed following each audit. Daily cleaning schedules are monitored by manager/nurse in charge.</p>
<p>Area for improvement 5 Ref: Regulation 15 (2) 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. Ref: Section 6.4</p>
<p>To be completed by: From the date of inspection</p>	<p>Response by registered person detailing the actions taken: In the identified care file, one falls risk assessment was removed and reassessed and care plan updated accordingly.</p>
<p>Area for improvement 6 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 September 2017</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. Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: New cleaning schedules introduced, discussed with house keeping team. Monitored daily on manager/nurse in charge walkaround.</p>
<p>Area for improvement 7 Ref: Regulation 12 (1) 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. Ref: Section 6.5</p>
<p>To be completed by: Immediately and ongoing</p>	<p>Response by registered person detailing the actions taken: Care plan reviewed for individual to include food supplements, to be evaluated monthly or when advise sought from dietetics.</p>
<p>Area for improvement 8 Ref: Regulation 12 (1) Stated: First time To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure pain assessments are carried out on all patients in pain. Staff shall ensure they assess the patient's level of pain in order to administer the prescribed break through pain relief medication. Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Pain care plan and risk assessment updated for identified resident and reviewed accordingly when break through pain relief is required.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 6 Stated: Second time To be completed by: 30 October 2017	<p>The registered person shall address the negative comments made by relatives and patients.</p> <p>Ref: Section 6.2 and 6.6</p> <p>Response by registered person detailing the actions taken: Engagement with relatives and residents through relative and resident meetings, care reviews and engagement surveys.</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall review the portion and plate sizes during mealtimes to ensure they appropriately meet the needs of patients.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Smaller plates are no longer in use at mealtimes, portion size will vary according to the request of the individual resident.</p>
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 30 October 2017	<p>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.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Reg 29 visit action plan are discussed with home manager and actioned accordingly before next visit. Outcomes are discussed at head of department meetings. Actions required from previous months are signed off and verified by regional director.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews