



Unannounced Care Inspection Report 5 and 6 June 2018



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.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 58 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited Responsible Individual: Mrs Nicola Cooper	Acting Manager: Erica Donaldson-Ellison
Person in charge at the time of inspection: Erica Donaldson-Ellison	Date manager registered: Acting – Not registered
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 58 A maximum of 25 persons in category NH-I and 33 persons in category NH-DE.

4.0 Inspection summary

An unannounced inspection took place on 5 June 2018 from 09.40 to 17.00 hours and on 6 June 2018 from 09.30 to 15.30 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 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, staff training and development, management of restrictive practice, risk assessment, care planning, teamwork, communication between residents and staff, the culture and ethos of the home with dignity and privacy and maintaining good working relationships.

The following areas were identified for improvement under regulation in relation to staff registration checks, safeguarding, falls management and the propping open on doors. Areas for improvement were identified under standards in relation to a review of registered nurses staffing arrangements on the general nursing unit, a review of the flooring on the corridor in the dementia unit and role clarification. An area for improvement made under regulation at the previous care inspection in relation to compliance with best practice on infection prevention and control has been stated for the second time.

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

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	3

*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 Erica Donaldson-Ellison, registered manager and Caron McKay, 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 7 and 8 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 7 and 8 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

There were no further actions required to be taken following the most recent 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 12 patients, 12 staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online 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 at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 28 May 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of minutes from staff meetings
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- 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, not met or partially 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 7 and 8 November 2018

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 care inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 and 8 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: Pain assessments had been completed regularly on two patients reviewed. The manager confirmed that they would continue to monitor the completion of pain assessments.</p>	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has not been met. See section 6.4 for further information.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Chemicals were not observed accessible to patients within the home.</p>	<p>Met</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> <hr/> <p>Action taken as confirmed during the inspection: We were unable to verify this area for improvement as the identified patient no longer resided in the home.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 24</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and a review of the two most recent complaints to the home evidenced this area for improvement is now met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that incidents notifiable to RQIA are notified to RQIA in a timely manner.</p> <hr/> <p>Action taken as confirmed during the inspection: Relevant incidents have been notified to RQIA in a timely manner.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 17 Criteria (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of training records evidenced this area for improvement is now met. See section 6.4 for further information.	
Area for improvement 2 Ref: Standard 45 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A random check on two pressure mattress settings evidenced that these were set in accordance with the patient's weight.	
Area for improvement 3 Ref: Standard 37 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: During a review of the environment, all patient care records were observed to have been stored appropriately.	
Area for improvement 4 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: During a review of the environment, food products had been stored appropriately and drinking vessels were observed covered.	

Area for improvement 5 Ref: Standard 17 Stated: First time	The registered person shall ensure a robust system is in place to manage urgent communications, safety alerts and notifications.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff evidenced that a system was now in place to manage urgent communications.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 28 May 2018 evidenced that the planned staffing levels were adhered to. Care staff confirmed that planned staffing arrangements were appropriate to ensure patients' needs were met. One relative consulted commented, 'I don't think there are enough staff available to supervise all the lounges' (in relation to the dementia unit). A second relative responding in a questionnaire was of the opinion that 'at times understaffed especially when relative needs toileting'. The relatives' comments were passed to the home's management for their review and action as appropriate. A review of the registered nursing staff arrangements on the general nursing unit evidenced the potential that patients' care needs, such as the administration of medication, may not be adequately met during the morning routine if the registered nurse on duty had to respond to an incident such as a patient fall or if a patient became unwell. This was discussed with the manager and identified as an area for improvement.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was not sufficient in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). There were identified gaps within the NISCC registration checks which indicated seven staffs' fees had not been paid. There was a potential that five staff had lapsed from NMC registration within the dates between the previous two checks. All staff were confirmed as registered with NMC on inspection. This was discussed with the manager and identified as an area for improvement under regulation.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with

the necessary skills and knowledge to care for the patients. A system was in place to monitor staffs' compliance with mandatory training. Information sent to RQIA following the inspection confirmed planned arrangements to meet compliance with two areas of training where the compliance rate had fallen. RQIA will continue to monitor compliance with mandatory training at subsequent care inspections. Discussion with staff and the manager confirmed that all staff were in the process of undertaking 'creative minds' training which incorporated distressed reaction management. In addition, the quality improvement lead confirmed that 'positive behaviour support' training has been arranged for all staff to commence on 22 June 2018. An area for improvement in this regard has now been met. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. However, an incident was notified to RQIA following the inspection where appropriate reporting to the relevant Trust safeguarding authority had not occurred in a timely manner. This was discussed with the manager and identified as an area for improvement under regulation. The manager confirmed that the incident had been reported to the relevant safeguarding team following this discussion.

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

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, a review of accident records evidenced that these had not been adequately completed following an identified fall. The patient's fall's care plan or falls log had been updated following the fall. Neurological observations had been taken at the time of the fall, although, there was no further evidence to show that any further observations had been taken to monitor the patient. This was discussed with the manager and identified as an area for improvement under regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be generally warm, well decorated, fresh smelling and clean throughout. However, the carpet on the corridor in the dementia unit was found to be worn and stained. This was discussed with the manager and identified as an area for improvement. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- inappropriate storage in identified areas
- exposed toilet rolls in communal toilets
- unprotected fabric pull cords in toilets
- selotape used to attach notices to wall

- unlaminated signage on display
- unclean drying towel holder.

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 made under regulation at the previous care inspection in this regard has been stated for the second time.

Four doors leading to separate rooms were observed to have been propped/wedged open. These actions were discussed with the manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement has been identified.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practice, staff training and management of restrictive practice.

Areas for improvement

The following areas were identified for improvement under regulation in relation to staff registration checks, safeguarding, falls management and the propping open of doors.

Areas for improvement were identified under standards in relation to a review of registered nurses staffing arrangements on the general nursing unit and a review of the flooring on the corridor in the dementia unit.

An area for improvement made under regulation at the previous care inspection in relation to compliance with best practice on infection prevention and control has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	4	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 care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weights and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals. Supplementary care charts such as reposition and bowel management records evidenced that contemporaneous records were maintained. Food and fluid intake records had been recorded well, however, one identified patient's fluid intake records evidenced gaps in recording. This was discussed with the manager who agreed to address this with staff with immediate effect.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was 'very good' and 'team members are very supportive of each other'. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff commented that the home's management were 'very friendly' and 'welcoming and listen to concerns'.

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

The manager confirmed that staff meetings had been arranged to be conducted in June, August and October 2018. The manager also confirmed that all unit leaders would meet twice weekly to discuss any concerns raised. A notice was on display in relation to a planned patients' meeting.

Patient and representatives 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, care planning, teamwork and communication between residents and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.40 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed,

again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The manager advised that they were currently meeting with all patients and their representatives on an individual basis initially to discuss their care needs. A comments book was available at the entrance to the home for patients and/or their representatives to record any thoughts or concerns in. The manager confirmed that they operate an open door policy and that, in addition, they are planning for protected time for patients' representatives to call in to discuss any aspects of care.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. 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. One patient commented 'the food is good and there is plenty of it'. Staff were knowledgeable in respect of patients' dietary requirements.

An interdenominational monthly church service was conducted in the home. Eucharistic ministers attended the home on a weekly basis and members of the clergy regularly visited patients in the home.

Two dedicated activity co-ordinators had been employed by the home. A programme of planned activities was displayed at reception. A monthly plan for activities was also displayed on noticeboards in the home. Activities included one to one activities and group activities. Family members were encouraged to attend if they wished. Special events such as St. Patrick's day, Easter and/or the royal wedding had been planned in advance. Outside entertainers had also been arranged to visit the home. Rummage boxes were available in lounges. The publication of 'The Daily Sparkle' was made available for patients. Activity co-ordinators had also provided all care and nursing staff with a 'care kit' gift to celebrate national nurses' day.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "On behalf of the family and myself please pass on our sincere thanks to ... for the total respect, dignity and care they showed mummy in such a professional manner."
- "Thank you for all the caring and concern you gave to mummy over the years she lived there."

- “I would like to thank you for the care and effort of the staff during my mother’s stay.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Carlingford Lodge was a positive experience.

Patient comments:

- “The home is very good.”
- “It’s great here.”
- “I love it here. The food is very good.”
- “It’s alright here. The staff are very nice.”
- “The home is very good. The staff are so nice.”

Three patient representatives were consulted during the inspection. Ten relative questionnaires were left for completion. Two were returned within the timescale for inclusion within this report. Some patient representative comments were as follows:

- “Staff are very pleasant. We are always made to feel welcome here.”
- “people come and go from the home without signing in the visitors book.”
- “Staff here are very compassionate.”
- “Housekeeping is inadequate and unacceptable. At times understaffed especially when relative needs toileting. Facade and gardens unkempt, unsightly and uninviting. In general staff are compassionate.”
- “All staff are very approachable.”

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from 12 staff consulted during the inspection included:

- “It is hard work here but I enjoy it.”
- “I love it here. The care is spectacular.”
- “Work can be challenging but I like it.”
- “I love it here.”
- “Can be very pressured but I love it here.”
- “I really do like it here.”
- “We are all a great team. It’s brilliant.”

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Since the last inspection there has been a planned temporary change in management arrangements. RQIA were notified appropriately. A new deputy manager had also been employed. The deputy manager confirmed that they were supported by the manager, quality improvement lead and the regional director NI. The deputy manager also confirmed that they were undertaking a Royal College of Nursing leadership course.

Staff were aware of the organisational structure within the home and of their own roles and responsibilities within the home. However, there was confusion in regards of the role of a senior care assistant. Staff were not clear on the additional duties expected of a senior care assistant. Senior care assistants had not been provided with a clear job description. This was discussed with the manager and identified as an area for improvement.

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

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. The manager confirmed that the deputy manager of the home had recently attended training on auditing and as a result of this training, new auditing documentation had been introduced. The quality improvement lead also confirmed that a new auditing regime had been introduced for the home.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

An area for improvement under standards was identified in relation to the clarification of the role of a senior care assistant.

	Regulations	Standards
Total number of areas for improvement	0	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 Erica Donaldson-Ellison, manager and Caron McKay, 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 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 20 June 2018</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: Sections 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Any issues that were brought to the managers attention on the day of inspection have been addressed. The existing pull cords that are wipeable and meet infection control standards are in the process of being encased with a non woven cover. This will assist staff with cleaning processes. Daily manager walkarounds identify any infection control issues that are to be addressed on the day. An Environmental quality walk round has been introduced. This will be completed by the senior person in charge on the daily walk round. Any issues identified will be produced as actions for the daily flash meetings to ensure communication of the issues, and actions required to all staff. The Quality Improvement Lead will complete an infection control audit during her visit each month. The actions will be shared with the home manager and action plan for improvement developed. The actions will be checked for completion by the QIL and the Regional Director during their visits and signed off to confirm compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC and care staff in accordance with NISCC.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Folders have been set up for NMC and NISCC checks. These checks will be completed by the administration staff and reviewed by the manager. In addition checks will be signed off each month by whoever is completing the regulation 29 report to confirm compliance.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all allegations pertinent to safeguarding are reported to the relevant Trust safeguarding team immediately by the relevant staff in accordance with regional guidance and the homes policy and procedures.</p> <p>Ref: Section 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 July 2018</p>	<p>Response by registered person detailing the actions taken: Copies of regional guidance are available to staff. Training has also taken place for staff and further training is arranged. This training covers the actions to be taken in relation to safeguarding concerns. There still remain a number of different safeguarding processes across Trusts at present and Home Managers are following each separate Trust guidelines. All notifications and APP1 forms now are submitted to the QIL who is the Safeguarding Champion for Northern Ireland Homes, this will ensure that proper procedures are followed in relation to reporting and raising concerns to the safeguarding teams.</p> <p>The registered person shall ensure good practice guidance is adhered to with regard to post falls management.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A significant amount of work has already taken place in the last 12 months regarding the prevention and management of falls. All staff have received further updates and supervision in relation to following the guidance of post falls management. There are different arrangements in place across Trusts. Staff follow the guidance issued by the placing Trust. All staff have also been issued with copies of the Priority Policy on falls management and the guidance from the local Trusts.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the practice of propping/wedging open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The three doors identified have now had door guards fitted to enable them to remain open. These door guards will automatically close in the event of a fire alarm sounding.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Criteria (1) (2) Stated: First time To be completed by: 6 July 2018	<p>The registered person shall ensure that staffing arrangements in the home are reviewed to ensure that at all times there are sufficient levels and skill mix to meet the assessed needs of patients.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Priory Adult Care dependency tool Staffing Tool Analysis of Needs (STAN) has been completed to ensure that staffing levels are within the dependency needs of the residents. This is reflected in the off duty. STAN is reviewed on a regular basis as resident need changes.</p>
Area for improvement 2 Ref: Standard 44 Criteria (1) Stated: First time To be completed by: 30 August 2018	<p>The registered person shall ensure that the flooring on the corridor of the dementia unit is replaced as appropriate.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Quotes have been requested by the home manager for replacement of the flooring above. The quotes will then be placed on capex for approval.</p>
Area for improvement 3 Ref: Standard 41 Criteria (9) Stated: First time To be completed by: 6 July 2018	<p>The registered person shall ensure that all staff have a clear understanding of their specific roles and responsibilities in the home. Particular attention should be made with respect of the role of a senior care assistant.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A new induction booklet has been developed for senior care assistants along with a new job description. All Senior care staff will complete this induction and be issued with a copy of their job description.</p>

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



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