

Unannounced Care Inspection Report 6 and 7 February 2017



Carlingford Lodge Care Home

Type of Service: Nursing Home

Address: 76 Upper Dromore Road, Warrenpoint, BT34 3PN

Tel no: 028 4175 9200

Inspector: Donna Rogan and Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carlingford Lodge Care Home took place on 6 February 2017 from 10.00 to 16.45 hours and on 7 February 2017 from 09.45 to 16.30 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The environment of the home was warm, reasonably well decorated, fresh smelling and clean. There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training, however, not all mandatory training was up to date. A requirement was made in this regard. Staff also confirmed that there were now good communication and support systems in the home, including; staff appraisal and staff supervision systems and the introduction of daily staff meetings. Staff confirmed they were required to attend a 'handover meeting' when commencing duty. Work has commenced to introduce a new dementia strategy. However, this should be developed to further enhance this unit in keeping with best practice. A requirement was made to further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff. A requirement was made in relation to compliance with infection prevention and control particularly in relation to the management of Control of Substances Hazardous to Health (COSHH). Three recommendations are also made in relation to the temperature of bedrooms, oral healthcare plans and the provision of an infection prevention and control link person and auditing.

Is care effective?

Patients' confidentiality was respected by staff and the staff consulted confirmed that communication between all staff grades was effective. Staff, patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Following discussion with management it agreed that improvements were required regarding the overall management of care records, particularly in relation to wound care management, care planning and the management of care records in general. A requirement was stated for a second time in that the registered provider 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. A requirement was also made that the issues raised during this inspection in relation to care records are addressed and that robust auditing was introduced to ensure the issues raised are actioned and do not reoccur. Records of the audits should be maintained and where necessary followed up to ensure compliance. A recommendation was made that call bells should be appropriately placed in keeping with patients' needs.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Responses received from six patients and five patients' representatives would indicate a good level of satisfaction with the care in the home. There were some negative comments returned from relatives, staff and patients. Comments can be viewed in section 4.5 of this report. One recommendation was made to review and address the negative comments made by relatives, staff and patients.

Is the service well led?

There was an organisational structure within the home. Staff were able to describe their roles and responsibilities. Discussion with the manager and observation of patients evidenced that the home was operating within its registered categories of care. Complaints were managed appropriately. However, a recommendation was made that the policy and procedure should be updated to include the role of the Healthcare Trust. There were systems in place to monitor and report on the quality of nursing and other services provided. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. However, the audits completed did not identify any of the issues raised in relation to the care records or the management of infection prevention and control. A recommendation was made in that the auditing in these areas should be increased and are more robust in order to monitor progress in managing the issues raised during the inspection.

There were also systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. All incidents had been managed appropriately and reported in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Monthly monitoring visits were also 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.

Two recommendations were made in this domain. They are in relation to auditing and reviewing the complaints policy and procedure. The recommendation in relation to auditing is stated for a second time.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*5	*8

*One requirement and two recommendations are stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sara Main, home manager and Karen McElherron, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an out of hours unannounced care inspection undertaken on 13 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Priory (Warrenpoint) Ltd Dr Sylvia Tang	Registered manager: Sara Main, acting manager
Person in charge of the home at the time of inspection: Sara Main, acting manager	Date manager registered: Sara Main – application not yet submitted
Categories of care: NH-DE, NH-I A maximum of 41 persons in category NH-I and 33 persons in category NH-DE.	Number of registered places: 74

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 26 patients, twelve care staff, the manager, four registered nurses and seven patient's representatives.

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 information was examined during the inspection:

- staffing arrangements in the home
- five patient care records, (two in frail elderly unit and three in dementia unit)
- staff training records
- accident and incident records
- notifiable incidents
- a sample of completed audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records
- Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 13 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 Stated: Second time	<p>The registered provider must monitor the staffing levels in keeping with the dependency levels of patients to ensure patients' needs were being met in a timely way. The manager must ensure that the monitoring arrangements of dayrooms are reviewed to ensure patients' safety is regularly monitored. Records of the monitoring should be maintained and the necessary action taken. The routine in the home and the deployment of staff should be reviewed to ensure that the needs of patients are being met.</p> <p>It is required that the copies of the worked duty rotas are forwarded weekly to RQIA until further notice.</p>	Met

	<p>Action taken as confirmed during the inspection: Following discussion with staff and a review of the duty rotas and observation in the dayrooms, this requirement has now been met. The manager has reviewed the deployment of staff and there was evidence that the needs of patients were being prioritised.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p>	<p>The registered provider must develop and implement a dementia strategy in order to enhance the environment and daily routine in the dementia unit in keeping with the registered category of care.</p> <p>Action taken as confirmed during the inspection: A dementia strategy has been implemented and has impacted on the daily routine in the home. However, further development of the dementia strategy should be implemented to include training of the new manager and further enhancement of the environment and dining experience. A separate requirement is made in this regard.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p>	<p>The registered provider 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.</p> <p>Ensure the two identified care records are updated to meet the patients' needs and are maintained in keeping with NMC guidelines.</p> <p>Action taken as confirmed during the inspection: The two identified care records were updated following the previous inspection. This part of the requirement has been met.</p> <p>Two patient care records were reviewed in the frail elderly unit and three were reviewed in the dementia unit. All of the care records reviewed required to be updated and the details of the findings can be reviewed in the section, 'Is care effective' domain. The first part of the requirement is stated for a second time, alongside a further requirement in relation to care records.</p>	Partially Met
<p>Requirement 4</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that activities are structured and planned and provided with regards to the needs of patients and that patients are consulted about the planned programme of activities.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of the activity programme evidenced that it has recently been reviewed. Patients were observed to participate and engage in organised activities during both days of inspection. Discussion with the manager confirmed that it is the intention to have additional hours for activities over both floors in the home. There are plans to include the activities as part of the dementia strategy. The activities on this occasion were commended.</p>	
<p>Requirement 5 Ref: Regulation 27 (2) Stated: First time</p>	<p>The registered persons must review the domestic and laundry hours in the home to ensure they are sufficient for the effective cleaning in the home and to ensure laundry is completed and returned in a timely way.</p> <p>Action taken as confirmed during the inspection: A review of the home evidenced that it was clean and tidy throughout. The laundry area was well organised and clean and tidy. There were a few infection control issues identified and details of the findings are included in the, 'Is care safe' domain. A requirement is made in this regard.</p>	Met
<p>Requirement 6 Ref: Regulation 12 (2) (b) Stated: First time</p>	<p>The registered provider must ensure the management of the identified dayroom is reviewed to ensure all areas of the unit are utilised to meet the needs of patients and minimise/manage distressed reactions.</p> <p>Action taken as confirmed during the inspection: Staff spoken with confirmed that the management of the identified dayroom on the ground floor has been reviewed. Patients are encouraged to access all areas in the dementia unit in order to minimise distressed reactions. The manager has agreed to further enhance the dementia strategy in order to include individualised care in order to minimise/manage distressed reactions.</p>	Met
<p>Requirement 7 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered provider must ensure medications are administered in an environment which is conducive to the safe administration of medicines.</p> <p>Action taken as confirmed during the inspection: Observation of the administration of medications evidenced that they were being administered in a more conducive environment.</p>	Met

Requirement 8 Ref: Regulation 20 (3) Stated: First time	<p>The registered provider must ensure the nurse in charge is aware of their roles and responsibilities when in charge of the nursing home, they should also be always aware of the numbers and names of staff on duty.</p> <p>Action taken as confirmed during the inspection: Following discussion with the manager and registered nurses in each unit, all were aware of their roles and responsibilities and were aware of the numbers and names of staff on duty.</p>	Met
Requirement 9 Ref: Regulation 13 (1) (b) Stated: First time	<p>The registered provider must ensure that all staff on duty receives a full verbal handover of patients' conditions prior to them delivering care.</p> <p>Action taken as confirmed during the inspection: Discussion with staff on duty confirmed that they now receive a full verbal handover of patients' conditions prior to them delivering care.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35 Stated: First time	<p>The registered provider 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.</p> <p>Action taken as confirmed during the inspection: There was evidence that audits were being conducted in relation to care plans. However, all audits in general require to be much more robust to address the issues raised in relation to the care records and infection control.</p> <p>This recommendation is stated for a second time and includes infection control audits.</p>	Partially Met
Recommendation 2 Ref: Standard 21 Stated: First time	<p>The registered provider should 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>Action taken as confirmed during the inspection: A review of the supplementary care records evidenced that they are in use. However, they were not always completed contemporaneously and were not always consolidated at the end of any 24 hour period. This recommendation is stated for a second time.</p>	

Recommendation 3 Ref: Standard 7 Stated: First time	The registered provider should ensure the registered manager continues to meet with relatives to ensure their issues are addressed. Action taken as confirmed during the inspection: There was evidence of relatives and relatives meetings having been conducted since the most recent inspection. They were held on 20 September 2016, 17 October 2016, 21 January 2017 and 31 January 2017. A meeting has been planned for February 2017.	Met
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4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure that the assessed needs of patients were met. An example of the indicators used to evidence that there were sufficient staff to meet the needs of the patients was an assessment of patients' dependency levels.

A review of the staffing rotas for weeks commencing 30 January 2017 and 6 February 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas it was confirmed that maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with, were satisfied that there were sufficient staff to meet the needs of the patients. Visitors and patients spoken with commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. Staff spoken with stated they were well supported and well directed during and after their induction period.

Review of two records and discussion with the manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the manager.

There were systems in place to monitor staff compliance with training. Review of staff training records evidenced that the compliance levels with adult safeguarding, fire awareness and moving and handling were not up to date. There were a total of 90 staff employed in the home and only 44 staff had completed their training on infection prevention and control. Only 48 staff were up to date on fire awareness training, however, fire drills were well attended. Only 60 staff had completed safeguarding training. A requirement was made that training was provided for all staff in keeping with the homes' policies and procedures. A review of staff meeting minutes evidenced that training was discussed with staff. Following discussion with the manager it was confirmed that a management system would be put in place to ensure that staff, still required to complete training, were 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.

Discussion with the manager, staff on duty and a review of records confirmed that there were systems in place to ensure that staff received supervision and appraisal. Appraisals of staff were currently being reviewed for the previous year in a rolling programme. Discussion with the manager and review of records evidenced that the monitoring of the registration status of nursing and care staff was appropriately managed.

The registered manager confirmed that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. A review of one staff personnel file evidenced that selection and recruitment processes were in keeping with the above regulation.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Where appropriate, RQIA have been notified of incidents. The manager described the robust systems in place to monitor the progress of safeguarding issues should they be reported with the local health and social care trust or the Police Service of Northern Ireland (PSNI).

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans. (See section 4.4 regarding the inspection findings in relation to the management of care records. Two requirements were made in this regard).

Discussion with the manager and review of records also evidenced that systems were in place to ensure that notifiable events were reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that these had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

A general inspection of both units of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction.

Dementia Unit

One issue was raised in relation to the management of the temperature in patients' bedrooms. When vacated the windows were left open in order to re-freshen the bedrooms. However, staff did not close the windows in a timely way in order to sufficiently heat the bedrooms for the afternoon. The manager agreed to ensure that this was completed daily as part of the home's routine. A recommendation was made.

The oral healthcare plans displayed in patients' ensuites should be updated as discussed. A recommendation was made.

The identified bathroom/WC should not be used to store equipment. This is included in a requirement as set below.

The environment in the dementia unit was discussed at length with the manager, regional manager, unit manager and the activity therapist. Whilst the dementia unit was observed to be clean and tidy, it was agreed that the environment could be more conducive to best practice in relation to dementia care. Small breakout areas, themed areas and colour scheme should be considered. The dining experience should be reviewed in the dementia unit in order to ensure it was conducive to patients with a diagnosis of dementia. It was agreed that the manager would receive up to date training on dementia care. It was also agreed that the manager would contact Dementia Services Development Centre (Sterling University) in relation to ideas, information, education, design and creativity to further enhance this unit in keeping with best practice. A requirement was made to further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff.

Frail Elderly Unit

The overall environment in the frail elderly unit was also observed to be clean and tidy and reasonably well decorated and maintained. There were a number of issues raised in relation to the management of Control of Substances Hazardous to Health (COSHH) and the management of infection prevention and control. The following issues are required to be addressed;

- all cleaning substances should be stored in keeping with COSHH guidelines
- pull cords should be fit to 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

A requirement was made to ensure the above issues addressed. It was also recommended that an infection control link person was identified and suitably trained to advise and guide staff. Infection control audits should be more robust to address the issues raised and provide action plans where necessary to ensure any issues raised are addressed without delay.

A review of the kitchen area evidenced it to be well managed. There was a wide variety stock observed which included fresh fruit, vegetables, meat and dried goods. All areas were clean and tidy and there were management systems in place to ensure safe practices in accordance with environmental health advice. The most recent environmental health report rated the home as being retained with five stars. A quality customer survey was completed daily by the chef and the information collated in order to inform the menu. This was to be commended.

The Laundry area was also observed to be organised and well managed. Best practices in relation to compliance with infection prevention and control were being maintained.

Areas for improvement

Three requirements are made in relation to the environment in the dementia unit, training and infection control. Three recommendations are made in relation to the temperature of bedrooms, oral healthcare plans and the provision of an infection control link person and auditing.

Number of requirements	3	Number of recommendations	3
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4.4 Is care effective?

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and that they were reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with the nursing process. Risk assessments informed the care planning process.

One care record did not have the patient's wound care appropriately recorded, there was insufficient information provided regarding the state of the wound on admission. There was not a care plan in place for each of the patient's wounds. There were no measurements of the wounds recorded. The dressings were due to be changed on alternate days; however, there were gaps of up to four days in the care record where the dressings if completed were not recorded. A care plan was not in place to manage the risk of malnutrition or risk of pressure damage following the Malnutrition Universal Screening Tool (MUST) and Braden assessments. The care plan was not updated to reflect the moving and handling needs of the patient.

Two care records did not evidence communication with relatives. One patient had not had a bowel movement in five days. The care record did not evidence any action taken or that it had been reviewed by a registered nurse. One patient did not have their blood pressure monitored in keeping with the care plan. One patient's care plan required that they have their call bell in place at all times. Observation evidenced that the call bell was not in place in the patient's bedroom. A recommendation was made in this regard.

Other issues identified in care records were as follows:

- not all care records were dated or signed
- supplementary care records were not always consolidated by a registered nurse
- some care plans referred to the patient as "he/she"
- care plans no longer relevant were not removed or marked as completed

The following issues are required to be addressed in relation to care planning;

- 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
- 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

A requirement was made that the above issues are addressed and that robust auditing was introduced to address the issues raised are actioned and do not reoccur. Records of the audits should be maintained and where necessary followed up to ensure compliance.

Given the findings of this inspection, the registered provider 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. This issue was raised at the most recent inspection and is stated for a second time following this inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and that the handover provided the necessary information regarding changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meetings were held on 9 and 18 August 2016. However there are daily staff meetings held in both units at 15.30. All staff on duty attends, records of these meetings are retained and staff spoken with confirmed that they were very informative and effective.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. The manager confirmed that they operated an open door policy and were available for patients and their representatives. A relatives' survey was completed for 2016. The manager confirmed that another one will be conducted in 2017.

A review of the lunchtime meal evidenced that the meal time was well organised. The meal served was appetising and all patients spoken with stated that the food was tasty and that they always received choices. The meal served consisted of a choice of lasagne or gammon with mixed vegetables and mashed potatoes. The dessert was a choice of bread and butter pudding or fresh fruit, yoghurt, ice cream. Staff were observed to take their time and assist patients in a timely way in accordance with their needs, wishes and feelings. As previously stated in section 4.3 the dining experience in the dementia unit should be reviewed as part of the dementia strategy in order to provide independence and encourage choices.

Areas for improvement

There was one requirement stated for a second time in relation to care records and an additional requirement was also made in relation to care records. One recommendation was made in relation to ensuring call bells were being appropriately placed in keeping with patients' needs.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with approximately 26 patients in both units, individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff 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 and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings, were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Arrangements were in place to structure patients' day. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that there were opportunities for patients to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that if they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Review of the compliments records evidenced that the staff cared for patients and their relatives in a kindly and compassionate manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Six staff, five relatives and six patients returned questionnaires to RQIA within the specified timeframe.

Comments on the returned questionnaires were all positive. Some comments received during the inspection and in the returned questionnaires are detailed below:

Staff comments included:

- "I think the care is very good"
- "We are a great wee team, we all work well together"
- "I enjoy it here, the manager is fair"
- "Things have improved, staffing is now more stable"
- "I thoroughly enjoy my work, and I feel like all staff are involved"
- "The manager is doing a great job"
- "we are severely understaffed at night time"
- "we would definitely benefit from having a twilight member of staff on duty daily"

Discussions were held with approximately 26 patients both individually and in groups. Patients spoken with were positive regarding the care they were receiving all were complimentary of the staff and were complimentary regarding the food served. There were no issues raised during the inspection by patients. Some comments were made by patients as follows:

- "We are all very well care for here"
- "Staff are all so kind and helpful here"
- "We are all looked after so well"
- "The food is excellent"
- "This is the best place, it's as close to home as it gets"
- "The staff are all marvellous and kind"
- "The care I am provided with meets my needs but it could be a bit quicker at times"
- "I would like more say in what happens to me"

During the inspection six relatives were spoken with they were very positive regarding all aspects of care. Most relatives felt morale had improved in the home and that the new manager is very approachable and has had a positive impact. Some comments were made by relatives during the inspection and in the five returned questionnaires were as follows:

Patients' representatives' comments included:

- "The manager is always available when you need to speak with someone"
- "Everyone is approachable and helpful"
- "Care is just excellent"
- "Morale has improved"
- "I am aware there has been a recent change in management"
- "Very satisfied with everything"
- "There are times when they are short staff and this reflects on time given to my father"
- "Most of the carer's are 100%, but some could do with lessons"
- "More opportunities for meetings would be advantageous"

A recommendation is made that the manager reviews the negative comments made by staff, patients and relatives and addresses them as necessary.

Areas for improvement

One recommendation was made to address the negative comments made by relatives and patients.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/ or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Information on how to make a complaint was displayed in the home; however, it required to be updated as it did not refer to the Healthcare Trust. A recommendation was made in this regard.

A record of complaints was maintained by the manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. We discussed how the manager assessed that the complainant was satisfied with the outcome of the complaint and how this satisfaction was evidenced.

Any contract compliance issues raised by the local health and social care Trust were recorded as complaints. In these instances the Trust informs the manager if the complainant is satisfied with the outcome. 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 DHSSPS Care Standards for Nursing Homes 2015.

There were numerous thank you cards and letters received from former patients and relatives. The registered manager explained that initially these would be displayed in the home.

The registered manager discussed the systems in place to monitor the quality of the services delivered and explained that a programme of audits was completed on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the records of audits evidenced that where an area for improvement was identified and an action plan was developed; this was observed to be a tick box procedure. Given the findings of this inspection in relation to care records and the management of infection control, it was recommended that the auditing in these areas should be increased and be more robust in order to monitor progress in managing the issues raised during the inspection.

Discussion with the manager and review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

Areas for Improvement

Two recommendations were identified in the well led domain. They are in relation to auditing and the complaints procedure. The recommendation in relation to auditing has been stated for a second time.

Requirements and recommendations are also made in the previous domains of safe, effective and compassionate care. Compliance with the requirements and recommendations will improve the overall services provided, the experience of service users and leadership within the home.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sara Main, manager and Karen McElheron, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [RQIA's office](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 15 (2) (c)

Stated: Second time

To be completed by:
31 April 2017

The registered provider 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.

Ref: Previous inspection (Section 4.2, 4.4)

Response by registered provider detailing the actions taken:

All care files have been updated within the last 12 months. There is currently a primary nurse system in place to ensure all files are evaluated every four weeks/ more frequently as required. Home manager will monitor compliance as per resident of the day.

Requirement 2

Ref: Regulation 20

Stated: First time

To be completed by:
31 April 2017

The registered provider 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.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Mandatory training 92.6% to date, new staff to complete training. Tracker in place completed by secretary to monitor staff compliance and follow up with Home Manager.

Requirement 3 Ref: Regulation 12 (1) Stated: First time To be completed by: 31 May 2017	<p>The registered provider must further develop the dementia strategy in relation to the environment, dining experience, personal centred care and further focused training for staff.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Further redecoration completed as per best practice, redecoration to corridors, hair salon and dining rooms, dining room environment and presentation of tables monitored by Deputy/Home Manager. Relatives and residents very positive about the changes. Case studies continued to enhance person centred care. Creative Minds Programme, dementia training, completed for dementia care staff.</p>
Requirement 4 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 March 2017	<p>The registered person 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>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: Supervision regarding COSHH management, including locked cleaning stores and storage of equipment, discussed with housekeeping team. System commenced to replace existing pull cords with wipeable cord. Box of dry wipes and gloves removed from identified bathroom. All care staff advised regarding appropriate storage of PPE.</p>

<p>Requirement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2017</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 • 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>Ref: Section 4.4</p> <p>Response by registered provider detailing the actions taken: Awaiting confirmation of training date for wound care/NICE guidelines. Wound audit completed regularly and to monitor compliance. All issues regarding care documentation discussed at nurse meeting. Deputy Manager/Clinical Lead/Home Manager continue to monitor completion of same daily.</p>

Recommendations	
Recommendation 1 Ref: Standard 44 Stated: First time To be completed by: 20 February 2017	<p>The registered person should ensure that the temperature of patients' bedrooms should be maintained at an appropriate level.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: On the day of inspection, house keeping staff had opened windows to air bedrooms. Residents were not present in bedrooms. Staff directed daily to check windows are closed to ensure rooms heated for the evening. Nurse in charge to monitor.</p>
Recommendation 2 Ref: Standard 21 Stated: First time To be completed by: 30 March 2017	<p>The registered provider should ensure the oral healthcare plans displayed in patients' ensuites are updated.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: One care plan identified was removed on day of inspection as requested. All residents oral care plans checked and updated.</p>
Recommendation 3 Ref: Standard 44	<p>The registered provider should ensure there is an infection and prevention link nurse employed in the home who is suitably trained to advise and guide staff in relation to best practice.</p>

<p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Infection Control link nurse is night house manager, Infection Control audit completed with satisfactory outcome. Awaiting date for trust infection control link training.</p>
<p>Recommendation 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered provider should ensure that the call bell system is available to patients for whom it is prescribed.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Communicated to staff through team meetings to ensure residents always have access to call bells.</p>

<p>Recommendation 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should address the negative comments made by relatives and patients.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Two issues raised on day of inspection were appropriately managed by nurse in charge. Both families and patients satisfied with outcome. The RQIA inspector commended nurse on prompt response.</p>
<p>Recommendation 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered person should ensure that the complaints procedure is updated to include the role of the Healthcare Trust.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Complaints procedure ammended with Trust details.</p>

<p>Recommendation 7</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider 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.</p> <p>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.</p> <p>Ref: Previous recommendation and section 4.6</p> <p>Response by registered provider detailing the actions taken: Auditing system reviewed, care plan audits completed and actioned accordingly, monitored by home manager.</p>
<p>Recommendation 8</p> <p>Ref: Standard 21</p> <p>Stated: Second time</p> <p>To be completed by: 30 March 2017</p>	<p>The registered provider should 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: Previous recommendation and section 4.4</p> <p>Response by registered provider detailing the actions taken: Completion of records discussed with care staff at team meetings and monitored by home manager.</p>



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