

Unannounced Nursing Home Care Inspection Report 14 and 15 June 2016



Carlingford Lodge Care Home

Service type: Nursing Home

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

Tel No: 028 4175 9200

Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Carlingford Lodge took place on 14 June 2016 from 10:00 to 17:10 hours and on 15 June 2016 from 10:30 to 16:45 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.

RQIA also received two recent complaints from relatives via the duty desk in relation to staffing difficulties in the home. It is not RQIA's remit to investigate complaints this is the remit of the local healthcare Trust. Duty rosters were forwarded to RQIA for review prior to conducting this unannounced inspection to validate the rosters worked and to ensure there were no breaches in The Nursing Homes Regulations (Northern Ireland) 2005.

Is care safe?

There were systems in place for the recruitment and selection of staff. New staff completed an induction programme and there were systems in place to monitor staff performance and to ensure that staff received support and guidance. The planned daily staffing levels were subject to regular review to ensure the assessed needs of the patients were met. Training had been provided in all mandatory areas and this was kept up to date.

Staff were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. A range of risk assessments were completed on a regular basis and were reflected in the care planning process. Patients' risks of falls were managed appropriately. The home was clean, infection prevention and control measures were adhered and fire exits and corridors were maintained clear from clutter and obstruction.

There were two requirements and one recommendation made in this domain, both requirements are in relation to staffing arrangements and the recommendation relates to the maintenance of duty rotas.

Is care effective?

There was evidence that the care planning process included input from patients and/or their representatives and there was evidence of regular communication with patient representatives regarding any changes in the patients' condition. Patients were repositioned in line with their care plans; and patients' fluid intake had been monitored, as required. Communication was well maintained and all those consulted with stated that they had confidence in raising any concerns or issues.

However, improvements were identified in this domain. Three requirements and two recommendations are made. The three requirements are made in relation to care planning, implementing a dementia strategy and the provision of activities. The two recommendations are made in relation to the auditing of care records and the management of supplementary records.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect. Staff responded to patients' needs in a timely manner. Menus were displayed clearly throughout the building and the atmosphere was quiet and tranquil where patients were encouraged to eat their food. Patients were encouraged to socialise within the home and there was activities arranged for patients. There was a system in place to obtain the views of patients and their representatives and staff on the quality of the service provided. A recommendation is made that management consider the comments made by patients, staff and patients' representatives and address them where necessary.

Is the service well led?

There was a clear organisational structure within the home. Observation of patients evidenced that the home was operating within its registered categories of care. The policies and procedures for the home were systematically reviewed. There was a system in place to manage any complaints, in accordance with regulation and best practice. Urgent communications, safety alerts and notices were reviewed and actioned, where appropriate. Systems were in place to monitor and report on the quality of nursing and other services provided. Monitoring visits were completed in accordance with the regulations and/or care standards.

Five requirements and four recommendations were made, in relation to staffing, dementia strategy, activities, duty rotas, care records, auditing, and supplementary records.

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	4

Details of the QIP within this report were discussed with Bijini John, 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 announced follow up inspection conducted by the estates support officer on 8 June 2016. Actions as a result of this inspection are being addressed by the estates inspector. 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. One ongoing safeguarding issue was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

2.0 Service details

Registered organisation/registered person: Priory (Warrenpoint) Ltd Caroline Denny	Registered manager: Bijini John, registration pending
Person in charge of the home at the time of inspection: Bijini John	Date manager registered: Awaiting registration
Categories of care: NH-DE, NH-I	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 returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- 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. Questionnaires were distributed to patients, relatives and staff. The inspector also met with approximately 30 patients, two domestic staff, three kitchen staff, nine care staff, the deputy manager, two clinical leads, three registered nurses and eight patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable incidents
- audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- staff, patients' and patients' representative questionnaires
- 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 8 June 2016

The most recent inspection of the home was an announced follow up inspection conducted by the estates support officer. Actions as a result of this inspection are being addressed by the estates inspector. No issues were required to be followed up at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (2) (c) Stated: First time	<p>The registered persons shall ensure that the issues listed in section 5.5.1 are addressed without delay.</p> <p>Action taken as confirmed during the inspection: A review of the kitchen area evidenced that all of the issues raised in section 5.5.1 of the previous report had been addressed. A review of the kitchen area found it to be clean and tidy. All food was appropriately stored.</p>	Met

<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure that the linen store on the ground floor should be reorganised to ensure storage is maintained in keeping with best practice. Ensure that all the issues listed in section 5.5.1 are addressed without delay.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the linen store on the ground floor found it to be well organised. There was no inappropriate storage of equipment observed. There were no infection control issues identified.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the kitchen area and the identified linen store is regularly monitored to ensure further episodes of inappropriate storage of equipment does not reoccur. This area should also be monitored as part of the Regulation 29 monitoring visits and the finding should be recorded.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that both areas are regularly monitored. The outcomes of findings were recorded in the Regulation 29 monitoring visits.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that issues raised by staff and patients are investigated and where necessary actions are addressed. A record should be retained of the investigation, the outcome and where necessary the action taken to have them addressed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Confirmation was received following the inspection that the issues were raised with the relevant departments. Training was provided for staffing relation to safeguarding. There have been no further issues raised in this regard.</p>		

4.3 Is care safe?

There were systems in place for the recruitment and selection of staff, which included a policy and procedure. A review of two personnel files evidenced that these were reviewed by the manager to confirm that all the required information was available. Staff consulted stated that they had only commenced employment once all the relevant checks had been completed. Where registered nurses and carers were employed, their PIN numbers were checked on a regular basis, with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that their registrations were valid. The review of recruitment records evidenced that enhanced criminal records checks were completed with AccessNI and a record was maintained which included the reference number for each staff member and the date received.

The manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota commencing 6 and 13 June 2016 evidenced that the planned staffing levels were adhered to. Management and staff and relatives confirmed to the inspector that there have been staffing difficulties in the home prior to these dates. A new manager has been in post for three weeks. The regional manager and the new manager have been actively recruiting new staff and have reviewed the staffing rotas to ensure they are sufficient in numbers to meet the needs of patients. Staff spoken with during the inspection stated that from the week commencing 6 June 2016 that staffing has been maintained sufficiently.

A review of the duty rotas from 6 June 2016 for 41 patients evidenced that each day in the frail elderly nursing unit the following staffing levels were adhered to:

08:00 to 14:00 – 2 registered nurses and 7 care staff
 14:00 to 20:00 – 2 registered nurses and 5 care staff
 20:00 to 08:00 – 1 registered nurse and 3 care staff

The manager informed the inspector that it is the intention to review the hours in this unit and provided additional twilight hours if required.

A review of the duty rotas from 6 June 2016 for 30 patients evidenced that each day in the dementia nursing unit the following staffing levels were adhered to:

08:00 to 14:00 – 2 registered nurses and 5 care staff
 14:00 to 20:00 – 2 registered nurses and 4 care staff
 20:00 to 08:00 – 1 registered nurse and 2 care staff

There are also currently 2 twilight care assistants from 19:00 to 22:00. The manager informed the inspector that these hours are also currently being reviewed.

Discussion with patients evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way. Relatives spoken with expressed concern regarding the overall staffing levels in the home. They were concerned that a number of dayrooms in the frail elderly nursing unit were not being observed often enough and expressed concerns that their relatives should be monitored more regularly. Discussion took place at length with both the manager and regional manager regarding the staffing levels, skill mix and deployment of staff.

The manager agreed to 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 also agreed to ensure monitoring arrangements of dayrooms were reviewed to ensure patients safety is regularly monitored and agreed to provide records of the monitoring and take action where necessary. The manager also agreed to review the routine in the home and manage the deployment of staff in accordance with the needs of patients. A requirement has been made in this regard. It has also been recommended that the duty rotas are planned well in advance in order to ensure that robust measures are in place to quickly identify and address any deficits in staffing arrangements.

Concerns were also raised during the inspection and in the returned questionnaires that domestic and cleaning hours were insufficient. A review of the environment evidenced that in some areas late in the afternoon there was debris and dust in bedrooms and corridor areas. Domestic staff spoken with stated that they felt there were not sufficient numbers of domestic staff on duty to ensure the effective day to day cleaning of the home. There was also a surplus of clean laundry in the laundry areas which had not been returned to patients' bedrooms, this had gathered up over a period of a few days. Staff in the laundry stated that care staff did not have sufficient time to put laundry away. This was also discussed with the manager who agreed to review the domestic and laundry hours to ensure they were sufficient. A requirement is made in this regard.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings. Three members of staff spoken with stated they felt more formal meeting should be held with the manager to discuss their issues and concerns regarding staffing levels and the routine in the home. A registered nurses meeting was held on 6 June 2016 and the minutes were available. The manager has arranged to convey a meeting for care staff on 23 June 2016.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised. This ensured that they had the basic knowledge needed to begin work. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals. Individual supervisions were also conducted with staff in response to a learning need being identified, the manager confirmed that this was undertaken with staff, to promote learning and prevent recurrence.

The staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adults safeguarding. There were no recent records pertaining to safeguarding incidents. Discussion with the manager confirmed that there was a process in place to manage potential safeguarding incidents, in accordance with the regional safeguarding protocols and the home's policies and procedures.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included patients which may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails and restraint, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate; assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident, care management and patients' representatives were notified appropriately. RQIA had been notified appropriately, in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy; however, as previously stated some areas identified had debris on the floor and were dusty late in the afternoon. The home was reasonably well decorated and warm throughout.

A requirement is made to enhance the dementia unit environment to ensure it is more dementia friendly and has a positive impact on daily living in the home.

Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction. Fire evacuation plans had been completed for each patient taking into account their mobility needs and level of assistance required. These plans were reviewed monthly to ensure that they were up to date.

Areas for improvement

There were two requirements and one recommendation made in this domain, both requirements are in relation to staffing arrangements and the recommendation relates to the maintenance of duty rotas.

Number of requirements	2	Number of recommendations:	1
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4.4 Is care effective?

A review of four patient care records evidenced that registered nurses generally assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Assessments and care plans were completed within the recommended five day period following admission.

Three of the four care records reviewed, reflected that the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dieticians. Registered nurses consulted with were aware of the local arrangements and referral process to access other multidisciplinary professionals. However three of the care records reviewed had not been formally rewritten since 2014 there was evidence of plans of care being stroked out and added on instead of being re-written to prevent confusion.

One care record was required to be reviewed to reflect the palliative care needs of an identified patient. Another care record had not been updated to reflect a particular diagnosis. This patient's pain assessment had not been updated following an increase in pain relief and there was no care plan in place to meet this patient's needs with regards to pain management. The patient's wound was being inconsistently managed and care was not recorded in keeping with the NICE guidelines on wound care management. There was no care plan in place to manage the wound. A requirement has been made that care records are reviewed to ensure they are up to date and currently reflect the needs of patients in keeping with best practice. The care plan audits should be reflective of the necessary actions to be taken in order to ensure care plans are up to date. A recommendation has been made in this regard.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of communication with patient representatives regarding any changes in the patients' condition.

A review of supplementary care records evidenced that records were not being maintained in accordance with best practice guidance, care standards and legislative requirements. They were not completed contemporaneously and there was no evidence that they were being reviewed by registered nurses. A recommendation has been made in this regard.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. 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. Staff stated that at times there was effective teamwork; however five staff spoken with in the dementia unit, felt that clarity was required regarding the roles and responsibilities of the deputy manager and the clinical lead nursing staff. A recommendation has been made in this regard.

Staff confirmed that if they had any concerns, they could raise these with their line manager and/or the new manager.

Discussion with the manager and review of records evidenced that patients and/or relatives' meetings were held on a regular basis and records were maintained. The manager has commenced a process of introducing herself to relatives and their representatives. A formal meeting has been arranged for 29 June 2016.

Discussion took place regarding the environment in the dementia unit. It was not dementia focused and the new manager states she has some experience in this area and intends to implement a dementia strategy. It is also the intention to refine staffing roles and responsibilities in the unit. This will include a nominated dementia champion who will be specifically trained to lead the team to develop the dementia strategy in terms of the environment and the daily routine. There is an activity person allocated to the dementia unit. However they have not been able to fully fulfil their role recently due to staffing difficulties.

A requirement has been made that a structured activity programme is developed and fully implemented in keeping with patients need and wishes. Records should be made of the activities carried out and patient participation in same.

Areas for improvement

Three requirements and three recommendations are made. The three requirements are made in relation to care planning, implementing a dementia strategy and the provision of activities. The two recommendations are made in relation to the auditing of care records and the management of supplementary records.

Number of requirements	3	Number of recommendations:	2
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4.5 Is care compassionate?

Staff interactions with patients were observed during both days of inspection to be compassionate, caring and timely. Consultation with approximately 30 patients 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. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients consulted with stated that they knew how to use their call bells and stated that staff usually responded to their needs in a timely manner.

Menus were displayed clearly throughout the building and were correct on the day of inspection. We observed the lunch time meal in both dining rooms. The atmosphere was quiet and tranquil and patients were encouraged to eat their food. Tables were nicely set and had the necessary specialist cutlery and plate guards available to help patients who were able to maintain some level of independence as they ate their meal.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. A range of activities were displayed near the front entrance, in order to assist patients to choose which to participate in. However as previously discussed in section 4.4 activities are to be reviewed to ensure the structured programme is adhered to. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

A review of patient care records confirmed information about patient's background. Efforts had been made by staff to complete patients' life histories. As previously stated in section 4.4 the new manager plans to introduce a dementia strategy in the dementia unit. A newsletter, 'Carlingford Chatter', is regularly produced in the home and provides patients and relatives with an overview of up-coming events.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Some comments received are detailed below:

Staff (6 questionnaires returned)

- “Need more staff to cover sickness and holidays.”
- “When we are short staff patients do not get the full care they need.”
- “There is good communication between staff and patients care.”
- “The home is clean and fresh smelling.”
- “The manager is very approachable.”
- “Very satisfied that care meets needs of patients.”

Patients (4 questionnaires returned)

- “Satisfied that I am treated with dignity and respect.”
- “Not always able to get to the bathroom on time.”
- “Not enough staff/patient ratio.”
- “Management is not always readily available.”
- “Staff do what they can, but sometimes they are rushed.”
- “I feel very safe and protected from harm.”

Patients’ representatives (5 questionnaires returned)

- “Very satisfied that my relative is treated with dignity and respect.”
- “I know there is new manager whom I have yet to meet.”
- “I am satisfied that staff have enough time to care for my relative.”
- “I am satisfied that the care provided meets the individual needs and preferences of my relative.”
- “This was our families’ first experience of having our ... stay in a home. The care and attention was over and beyond and has helped ... confidence.”
- “Thanks to Carlingford my ... can now return home for the foreseeable future.”

As previously stated in section 4.3 patients representatives did express some concerns regarding staffing and the monitoring of patients in the day rooms in the frail elderly unit.

Areas for improvement

A recommendation has been made that management consider the comments made by patients, staff and patients' representatives and address them where necessary.

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

Discussion with the manager and staff evidenced that there was an organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the manager. As previously discussed in section 4.4 the roles and responsibility of the deputy manager and the clinical lead nurses should be further refined.

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

The manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and a review of the complaints record confirmed that complaints were being managed in line with DHSSPS guidelines. Consultation with patients, staff and relatives also confirmed that any minor things are dealt with immediately. All those consulted with confirmed that they were aware of the home's complaints procedure.

Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware that there was a new manager in post. Discussions with staff confirmed that they were hopeful that the new manager when given the opportunity would address any issues which may arise.

There were 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. These included medication and equipment alerts and alerts regarding staff who had sanctions imposed on their employment by professional bodies.

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- wound management
- medicines management
- care records
- infection prevention and control
- complaints
- health and safety
- bedrails
- patients' weights

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 further improvement is required regarding the auditing of care records as previously stated in section 4.4.

An audit of patients' falls was used to reduce the risk of further falls. A sample audit for falls confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends, on a monthly basis. There was evidence that identified deficits had been followed up on. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and trust representatives. The monthly monitoring report provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas for improvement

In total five requirements and four recommendations have been, made, in in the safe, effective and compassionate domains, they are in relation to staffing, dementia strategy, activities, duty rotas, care records, auditing, and supplementary records.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bijini John, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered persons 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 were 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>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: I can confirm that planned daily staffing levels were according to the dependency levels in each unit . New staff were recruited and able to provide sufficient staff to meet the resident needs on a daily basis.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</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>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: Upon review there are sufficient hours in the laundry & housekeeping to meet the daily standards however the allocation of duty hours has been reviewed.</p>
<p>Requirement 3</p> <p>Ref: Regulation 15 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered persons must ensure care records are kept under review and reviewed at any time necessary to do so having regard to any change of circumstances and in any case not less than annually.</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>Ref: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: Issues in the identified records has been addressed on the day of inspection. and the issues were communicated with nurses. Named nurses list has been updated and care plan audits will be carried as planned</p>

<p>Requirement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered persons 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>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: There has been plans made to change our dementia unit to a dementia friendly in conjunction with our policy & procedures. A Dementia lead & two dementia champions are nominated to work closely with residents person centered care plans ,life stories , likes & dislikes ,activities etc. Regular team meetings has been planned to discuss the progression and to collect the ideas and suggestions from staff for themed corridors , activities , etc.</p>
<p>Requirement 5</p> <p>Ref: Regulation 18 (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</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> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Identified issues has been discussed with activity staff and monitored by home manager regularly.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered persons should ensure duty rotas are planned well in advance to ensure robust measures are in place to quickly identify and address any deficits.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Robust measures are in place and will be addressed quickly when identified .</p>
<p>Recommendation 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered persons should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed and is on going</p>

<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered persons should ensure supplementary care records are completed contemporaneously and are consolidated at the end of any 24 hour period in keeping with best practice.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Identified issues were discussed with staff and addressed on the same day of the inspection , this will be monitor by home manager on a daily basis .</p>
<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered persons should ensure the comments made by patients, staff and relatives are reviewed and where necessary actioned.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered person detailing the actions taken: Issues raised by staff , patients & relatives were discussed relevant team at the staff meeting and inspection feed back was discussed with relatives at the relatives meeting which all has been actioned . . No further issues raised since the inspection .</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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