

# Unannounced Care Inspection Report 2 August 2017



## Bannview House Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 23 Bannview Road, Banbridge, BT32 3RL**  
**Tel No: 028 40660110**  
**Inspector: Donna Rogan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care and residential care for up to 80 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Ltd  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager:</b> Roberta Wilson
<b>Person in charge at the time of inspection:</b> Roberta Wilson	<b>Date manager registered:</b> 22 December 2015
<b>Categories of care:</b> Nursing Home (NH) NH-PH – Physical disability other than sensory impairment NH-I – Old age not falling within any other category NH-DE – Dementia  Residential Care (RC) RC-I – Old age not falling within any other category.	<b>Number of registered places:</b> 80 comprising: 15 – NH-I 41 – NH-DE 2 – NH-PH 22 – RC-I

### 4.0 Inspection summary

An unannounced inspection took place on 2 August 2017 from 09.50 to 18.10 hours. On this occasion the inspector was accompanied by a nursing student, Stacey Finlay, from The Open University.

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.

The term 'patients' is used to describe those living in Bannview which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care; and if the service was well led.

Evidence of good practice was found in relation to the arrangements for the provision of activities; staff recruitment practices; staff induction, training and development; adult safeguarding arrangements and infection prevention and control practices. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance arrangements and the management of complaints and incidents.

Areas requiring improvement were identified under the standards and they included; that care records should accurately reflect patient need; the replacement of one bedroom floor; the management of items stored in and above wardrobes; improvement under regulation was also required regarding the monitoring visits to the home.

All patients spoken with said that they were satisfied with the care and services provided and described living in the home, in positive terms. Refer to section 6.6 for further patient comment.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson, registered manager, and Cherith Rogers, deputy 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 24 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 24 February 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which included information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- 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 the inspector met with approximately 28 patients, 15 staff and eight patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff weeks commencing 24 July 2017 and 13 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal records
- records relating to adult safeguarding
- annual quality report
- complaints received from the previous care inspection
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- minutes of staff, patient and relatives meetings held since the previous care inspection
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 24 February 2017**

The most recent inspection of the home was an unannounced care inspection on 24 February 2017. The completed QIP was returned and approved by the care inspector and will be validated at this inspection. Refer to section 6.2.

There were no further actions required to be taken following the most recent inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 24 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> First time	The registered provider must replace the carpet in the corridor areas of the dementia units and repaint the dining rooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The carpets have been replaced in the dementia units and the dining rooms have been repainted.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 45 <b>Stated:</b> First time	The registered provider should review the management of alarm mats to ensure they are appropriately connected and that the nurse call system is reviewed to ensure that patients who are placed in bed for any period of time has their call bell within easy reach. Records should be maintained of the review carried out.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of alarm mats in use evidenced that they were appropriately connected and the nurse call system has been reviewed to ensure that they are within easy reach of patients. Records were maintained of the review conducted.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	The registered provider should ensure that menus are appropriately displayed and that sluice rooms are maintained locked when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Menus were appropriately displayed in the dining areas. All sluice rooms containing chemicals were maintained locked when not in use.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered 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 for the week commencing 24 July 2017 and 7 August 2017 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs was met by the number and skill mix of staff on duty. Patients were observed to be appropriately groomed and the fingernails of patients were observed to be nicely manicured and patients' clothing was observed to be clean and nicely laundered. Some bed linen was observed to be un-ironed; discussion with the registered manager confirmed that the roller press used to iron bed linen had been broken and had just recently been repaired. The registered manager stated that the surplus un-ironed bed linen would be removed from the linen stores and ironed. Discussion with eight relatives evidenced that they felt that there was enough staff on duty to care for their relatives. All staff members spoken with stated that the staffing arrangements were satisfactory as long as there was no short notice staff sickness and that staff were not moved to another unit to cover staff shortage. These comments were relayed to the registered manager during feedback. The registered manager confirmed that the staffing arrangements were reviewed on a regular basis and that the staffing could be; and was adjusted as required.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, Schedule 2. Where registered nurses and carers were employed, their registration status was checked with NMC and NISCC to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

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 programmes 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. The registered manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were 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. The records reviewed confirmed that between 80 to 90 percent of staff had, so far this year, completed their mandatory training.

Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager and staff also confirmed that training had been provided (electronically) on dementia care to all staff. The deputy manager recently completed training from The Sterling University regarding dementia care entitled, "Kitwood's 17 Malignant Social Psychologies". This training has been cascaded to a total of 30 staff in the home and it is intended that all staff will receive the training. In discussion with the deputy manager and staff members it was felt that the training had provoked new ideas of working for the future to enhance the live experience for patients which including exploring different types of communication with other mediums, and in particular with patients' families. Another innovative initiative which is currently being pursued by management in the home is, "The Living through Landscape Project" supported by The University of Kent. This initiative aims to redesign gardens in services for people living with dementia which is a project to examine the impact of gardens on peoples' lives. Both of these areas of improvement are in order to enhance patients' lives and they are commended.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were available for all staff to access.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and the relevant training has been planned for the near future.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. 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 consistently completed following each incident and that care management and patients’ representatives were notified appropriately.

Where patients required bedrails, to maintain their safety whilst in bed, there was evidence that risk assessments had been completed; and that regular safety checks had been carried out, when the patients were in bed. The care plans reflected the assessment outcome and included the reasons why less restrictive measures were not suitable for the patients.

Infection prevention and control measures were adhered to and equipment was stored appropriately. Observation of the laundry facilities evidenced that there was a range of available equipment present to ensure infection prevention and control measures were in accordance with the regional guidance.

A review of the home’s environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. All the areas reviewed were found to be clean, tidy and warm throughout. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Paintwork had been completed in the dining areas. The carpets in the corridor areas in both dementia units have recently been replaced. A programme of on-going decoration was evident. One bedroom floor was identified to the registered manager for replacing. The management of inappropriate storage within patients’ wardrobes and on top of them was also raised. These areas were both identified as areas for improvement under the care standards

Fire exits and corridors were observed to be clear of clutter and obstruction.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, dementia training, supervision and appraisal, adult safeguarding and risk management.

**Areas for improvement**

The following areas were identified for improvement under the care standards:

The flooring in the identified bedroom should be replaced.

The management of storage in and on top of patients’ wardrobes should be reviewed to ensure they are maintained safe and appropriate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record. The care plan of a patient who displayed distressed reactions was specific and stated how the behaviour was presented and how to support the patient at these times.

A system had been introduced whereby a patient's care record in each of the units was peer reviewed on a daily basis, entitled, "patient of the day". This is good practice.

The review of one patient's care record evidenced a shortfall in the recording of a condition of one patient; there was no specific care plan in place to guide staff as to the care the patient required. However, there was evidence that the appropriate care was being delivered in the daily care record. An area of improvement is made in this regard under the care standards.

Personal care records evidenced that records were generally maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored. The patients' total daily fluid intakes were also recorded in a format which enabled the registered nurses to have an overview of the patients' fluid intake. The review of repositioning records evidenced that patients were repositioned according to their care plans.

Patients' bowel movements were monitored by the registered nurses on a daily basis, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

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

Staff meetings were held at least quarterly and records were maintained and made available to those who were unable to attend. The registered manager confirmed that "flash meetings" were held every two weeks in the afternoon with all relevant staff in charge with their designated areas, it was reported that weekly team meetings are also held to ensure any appropriate areas raised are discussed and the necessary action is taken.

The majority of staff consulted with confirmed that if they had any concerns, they could raise these with the registered manager. Four staff responded via questionnaire, all of whom agreed they could raise any issue with management. Relatives' meetings are held at least

quarterly; the home also communicates with relatives and friends as necessary via notice boards and by letter. A review of records evidenced that patients’ meetings are also held quarterly and chaired by the activities coordinators.

We observed the serving of the midday meal during the course of the inspection. Meals served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. Tables were set with tablecloths, placemats or condiments. This is considered a positive dementia perspective. We also observed that menus were displayed in pictorial and written format in the dining rooms. The menus provided patients with readily accessible and easy to understand information regarding the meal being served.

Patients were asked by staff of their preferred menu choice the evening before. However, it was reported that this can be changed at the point of serving at the patients’ choice. Choices of meals were also available for patients who required a specialised diet.

We observed the serving of the mid-afternoon tea to patients. At this time, patients were offered a drink and biscuits. A choice of fluid, for example, coffee, milk, strawberry milkshake or juice, was offered, a range of fresh fruit was also available. An appropriate range of crockery or specialised equipment was used to serve patients. The snack on offer was a selection of biscuits.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and relatives and that consultation took place with the patient and/or their representative when planning care. The provision of food and the management of mealtimes were also commended on this occasion.

**Areas for improvement**

The following area was identified for improvement under the care standard:

Patients with identified nursing needs should have an appropriate care plan in place to guide and support staff as to the appropriate care to be delivered.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

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

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 28 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently 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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. There are two activities coordinators employed who plan and provides activities in the home. There was evidence of a wide variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients' participation in recent activities. There was evidence of regular church services to suit different denominations. Links with the local community have been established and children and young people from local schools are actively involved in the life of the patients in the home.

Discussion with the registered 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. An annual quality survey for 2017 was available for review; the registered manager confirmed that 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 registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner.

During the inspection, we met with 28 patients, eight care staff, three registered nurses, the team leader, a catering member of staff, both activities coordinators and eight patients' representatives. Some comments received are detailed below:

### **Staff**

- "I like it here."
- "The care is very good."
- "Good teamwork, we all help each other out."
- "This is a great place to work."
- "I love it, there is a great atmosphere."
- "We have regular meetings and supervision sessions."
- "It's like one big happy family here."
- "We have had recent dementia training."

### **Patients**

- "They're (staff) very good to me here."
- "It's just like you're in your own home."
- "It's very pleasant, I can't complain about a thing."
- "Staff are brilliant."
- "Staff can't do enough for you."
- "I feel I am well looked after."
- "All you have to do is ask and staff are so helpful."
- "I am content and feel I am well looked after."
- "I love the budgies, they are great company."

**Patients’ representative**

“I would recommend this home to anyone.”  
 “I think staff are brilliant.”  
 “Anytime I’ve gone to staff with something it’s been resolved immediately.”  
 “I leave here content and happy knowing my relative is well cared for.”  
 “Staff are kind and considerate and respectful, I am kept well informed.”

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Four staff, four patients and two relatives had returned their questionnaires, within the timeframe for inclusion in this report. All comments and outcomes were positive with no issues raised. All respondents stated they were “very satisfied” will all aspects of service provision in the safe, effective, compassionate and well led domains.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Activities were plentiful and well managed.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

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

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All staff consulted with described the registered manager in positive terms and that they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear 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.

Discussion with the registered manager and a review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and the review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment, complaints, incidents/accidents and bed rails. 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.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

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 that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and the review of records evidenced that quality monitoring visits were mainly completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. However there were no monitoring visits conducted in June or July 2017 due to changes within the organisation. Of the reports completed, copies were made available for patients, their representatives, staff and trust representatives. 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. An area for improvement is made under the Regulations to ensure that monitoring visits are completed at least monthly and that a report is prepared and made available on request.

### **Areas of good practice**

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

## Areas for improvement

The following area was identified for improvement under regulation: to ensure that monitoring visits are completed at least monthly and that a report is prepared and made available on request.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, registered manager and Cherith Rogers, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) for assessment by the inspector.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that monitoring visits are completed at least monthly and that a report is prepared and made available on request.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The monitoring visit for August has been carried out. The registered manager will ensure that these are carried out at least monthly and kept in house so that they are available on request.</p>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 44 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that the flooring in the identified bedroom is replaced.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The flooring in the identified bedroom has been replaced.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that the management of storage in and on top of patients' wardrobes is reviewed to ensure they are maintained safe and appropriate</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The use of all wardrobes has been reviewed and this is continuing on a rolling basis to ensure that they are safe and appropriately used.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that patients with identified nursing needs have an appropriate care plan in place to guide and support staff as to the appropriate care to be delivered.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The single care plan identified during the inspection has been rewritten. The plan of care for that aspect of the resident identified care is now more clear to all staff. Residents Care plans are regularly audited to ensure they are in place to guide staff to the appropriate care to be delivered.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)\**





The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews