



# Unannounced Care Inspection Report 17 and 21 October 2019



## **Bannview House Care Home**

**Type of Service: Nursing Home**

**Address: 23 Bannview Road, Banbridge, BT32 3RL**

**Tel No: 028 4066 0110**

**Inspectors: Linda Parkes and Briege Shannon**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 58 patients.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Amore (Warrenpoint) Limited</p> <p><b>Responsible Individual:</b> Nicola Cooper</p>	<p><b>Registered Manager and date registered:</b> Cherith Rogers – 29 January 2018</p>
<p><b>Person in charge at the time of inspection:</b> 17/10/2019 – Cherith Rogers 21/10/2019 – Cherith Rogers</p>	<p><b>Number of registered places:</b> 58</p> <p>A maximum of 15 patients in category NH-I, 41 patients in category NH-DE and 2 patients in category NH-PH.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b></p> <p>17/10/2019 - 57 21/10/2019 - 57</p>

### 4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 09.40 hours to 18.10 hours and 21 October 2019 from 10:45 to 13:45 hours. The inspection was undertaken by care and finance inspectors.

The inspection assessed progress with areas for improvement identified in the home 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 throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the privacy of patients and valuing patients and their representatives, regarding governance arrangements, management of accidents/incidents, maintaining good working relationships and the general arrangements in place to safeguard patients' monies and valuables.

Evidence observed during the care inspection in relation to fire safety and fire risk assessment, regarding the contemporaneous recording of patient care plans, repositioning charts and patient food and fluid intake charts and the patient dining experience raised concerns that the quality of care and service within Bannview House Care Home fell below the standards expected. As a result of these concerns Sharon Butler, regional director representing the Responsible Individual, and Cherith Rogers, registered manager, attended a serious concerns meeting at RQIA on 25 October 2019. Refer to section 6.3 and 6.4 for further details.

Areas requiring improvement were identified in relation to ensuring that there is evidence patients have been provided with an individual written agreement, ensuring that written agreements are kept up to date, ensuring that patients personal property records are checked by two people at least every quarter, ensuring that personal expenditure contracts are in place and ensuring that comfort fund monies are managed in a separate bank account.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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>	*5	*7

\*The total number of areas for improvement includes four which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Butler, regional director and Cherith Rogers, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Evidence observed during the care inspection in relation to fire safety, the patient dining experience and record keeping raised concerns that the quality of care and service within Bannview House Care Home falls below the standards expected. Refer to section 6.3 and 6.4 for further details.

As a result of these concerns Nicola Cooper, Responsible Individual and Cherith Rogers, registered manager were invited to attend a serious concerns meeting at RQIA on 25 October 2019. Sharon Butler, regional director representing the Responsible Individual, and Cherith Rogers attended the meeting. An action plan was presented with details of the completed/planned actions to drive improvement and to ensure concerns raised at the inspection were addressed. RQIA will continue to monitor and review the management of fire safety, the patient dining experience, record keeping and the quality of services provided in the home.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance and estates and issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 October 2019
- 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
- one staff recruitment and induction file
- four patient care records
- three patient care charts including food and fluid intake charts and reposition charts

- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 29 August to 30 September 2019
- RQIA registration certificate
- a sample of patients income and expenditure records
- a sample of patients private property records
- a sample of deposit and expenditure receipts
- the safe contents records
- records of checks performed on patients' cash and valuables held for safekeeping
- a sample of charges to patients/their representatives for care and accommodation
- a sample of patients' individual written agreements with the home
- a sample of patients' personal expenditure contracts with the home
- a sample of comfort fund records.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspections

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 27.4 (c) <b>Stated:</b> First time	The registered person shall ensure that fire exits and stair wells are kept clear and are free from obstruction.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation at the inspection evidenced that this area for improvement continued not to be met. A serious concerns meeting was convened at RQIA to discuss this matter. Please refer to section 6.3 for further details.	



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for residents.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of carpets in corridors throughout home evidenced that they were stained and in need of replacement. Door frames, walls and bannisters require to be repainted. In two identified bedrooms the vinyl floor was noted to be raised that could cause a possible trip hazard. This area for improvement has not been met and has been stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> Second time	The registered person shall establish a robust system to ensure all wheelchairs, hoists, shower chairs and commodes are adequately cleaned.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of a selection of wheelchairs, hoists, shower chairs and commodes evidenced that they were adequately cleaned. This area for improvement has been met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of an identified bathroom evidenced that equipment including a standing hoist, a weighing chair, two shower chairs, a linen trolley and a unit with skin cleansing emollient that had the potential to be shared communally was stored. This area for improvement has not been met and has been stated for a second time.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that the identified chairs are deep cleaned or replaced in order to adhere to best practice in infection prevention and control measures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of a selection of chairs throughout the home evidenced that the identified chairs had been replaced. This area for improvement has been met.	

<b>Areas for improvement from the last estates inspection</b>		
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 48.1 <b>Stated:</b> First time	The registered person shall confirm that the fire risk assessment action plan recommended improvement works are implemented	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire risk assessment recommended improvement works were recorded as completed on 30 July 2018 after evaluation of QIP return e-mail details ref inspection report IN032512. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.3 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 that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 7 to 20 October 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.



Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Review of one staff recruitment file evidenced that it was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bannview House Care Home. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended training regarding adult safeguarding, infection prevention and control (IPC) and fire training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 29 January to 9 July 2019 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was noted that some areas of the home were in need of redecoration. Carpet throughout the home and in particular, in the corridor of the Downshire unit was badly stained and requires to be replaced. This was discussed with the registered manager who advised deep cleaning had taken place but proved to be ineffective. A plan was in place for replacement. Also corridor walls, door frames and bannisters require to be redecorated as the paint is chipped and marked. In two identified bedrooms in the Bronte unit the vinyl flooring was cracked and raised. This was brought to the attention of the registered manager and an area for improvement was identified for the second time.

Details of a refurbishment action plan due to commence 30 November 2019 was submitted to RQIA on 24 October 2019 by the registered manager.

On inspection of an identified bathroom it was observed that a standing hoist, a chair used to weigh patients, two shower chairs, a linen trolley and a unit with skin cleansing emollient that had the potential to be shared communally was inappropriately stored. In identified bathrooms throughout the home it was noted that skin cleansing emollients and products used for personal care, were inappropriately stored. This was discussed with the registered manager and an area for improvement was identified for a second time.

Observation of the fire exit at the reception area of the home evidenced that a large, free standing, display board had been stored against the wall, two chairs were sitting at the entrance of the stairwell and a table containing cushions was situated in the area. This presented a serious potential safety risk to patients in the event of a fire. This was discussed at the serious concerns meeting on 25 October 2019 and assurances were given that the matters identified on inspection had been addressed. This area for improvement has been stated for a second time to enable us to assess sustained compliance.

Review of the fire risk assessment by the Premises Inspector evidenced that it was due to be completed in August 2019 and had expired. This was discussed with the registered manager who advised that a fire risk assessment has been arranged to be completed on 2 December 2019. In order to obtain assurance that fire safety controls are currently managed effectively, this was identified as an area for improvement.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

### Areas for improvement

An area for improvement was identified to ensure that a current fire risk assessment is in place.

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

## 6.4 Is care effective?

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

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

Significant concerns were identified regarding record keeping in the sample of charts reviewed. In two patient records reviewed in one unit of the home, there was evidence that care planning was not reflective of patient needs and the multidisciplinary team recommendations. Deficits were identified in record keeping with regards to the management of end of life care and patients requiring modified diets, to direct staff in the provision of care. Records did not consistently reflect the international dysphagia diet standardisation initiative (IDDSI) recommendations. Records were not effectively archived which made it difficult to establish the current needs of patients. This was discussed with the registered manager. An area for improvement was identified.

It was noted that supplementary charts such as food and fluid intake charts and reposition charts were not well maintained. Review of two patients' reposition charts identified gaps and overlap of documentation, leading to confusion in the recording of the delivery of care. This was discussed with the registered manager and Sharon Butler, regional director who advised reposition charts would be reviewed, as this concern had been identified within the group prior to inspection. An area for improvement was identified.

We reviewed the management of falls and restrictive practice. Care records were well documented and contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the dining room in Scarva Unit. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients

wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Observation of the delivery of the lunchtime meal and discussion with staff identified concerns with the mealtime experience of patients. We found that the arrangements for the serving of the meal and staff deployment within the unit to assist patients to eat and drink require improvement, to ensure that patients' needs are met and that meals do not have the potential to become cold and require to be reheated.

Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids. The menu for the day displayed on a clipboard in the dining room was observed to be in an unsuitable format. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. The patient dining experience was discussed with the registered manager and an area for improvement was identified.

This was discussed at the serious concerns meeting on 25 October 2019 and assurances were given that the matters identified on inspection were being reviewed and monitored. Details of an action plan programme for quality improvement, to ensure a positive dining experience for all patients was submitted to RQIA on 24 October 2019 by the registered manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between patients and staff.

### Areas for improvement

Three areas for improvement were identified in relation to the contemporaneous recording of patient care records and supplementary charts and regarding the patient dining experience.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

#### 6.5 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 were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy and respect.

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

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

“Thank you and your staff for all the sound advice, support and help you gave us in what was a difficult time. Our mother was fantastically cared for.”

During the inspection the inspector met with five patients, small groups of patients in the dining rooms and lounges, three patient’s relatives and eight staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Bannview House Care Home. 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.

Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. No questionnaires were returned within the timescale specified.

Two patients commented:

“I’ve been here a few weeks. All the staff are very good and very helpful.”  
 “The staff are fantastic. I couldn’t be looked after better.”

Three patients’ representatives commented:

“The staff are great. They always speak to you. It’s like a hotel. They treat ... very well.”  
 “It’s a nice home. I’ve no concerns ... is well cared for.”  
 “Excellent. Staff speak to you. I’ve no concerns and it’s well run. The best in the area.”

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Three staff members commented:

“I love it here and enjoy looking after everyone and know all their ways. The training is good. I’ve no concerns.”  
 “I’m enjoying it. Everyone is welcoming and the manager’s supportive.”  
 “I don’t have any concerns but if I had I would speak to Cherith the manager.”

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses 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 in maintaining the privacy of patients and valuing patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
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<b>Total number of areas for improvement</b>	0	0
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## 6.6 Is the service well led?

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

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

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding wounds, falls, and infection prevention and control practices (IPC) including hand hygiene.

Discussion with the registered manager and review of records from 29 August to 30 September 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

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

The registered manager advised that staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff and management.

### Assessment of premises

A review of the previous premises inspection QIP return details was completed and approved by the Premises Inspector during a desk top evaluation implemented on 30 July 2018. The care inspector was informed of relevant premises inspection details to complete and report on a current review of the environment.



## Management of service users' monies

A finance inspection of the home was undertaken on 21 October 2019. As part of this inspection, the areas for improvement from the previous finance inspection were reviewed. A sample of the records relating to the management of patients' monies and valuables by the home, established that in general, the controls that were in place to safeguard patients' monies and valuables were operating effectively. Records that were reviewed included the following: income and expenditure, personal property, records of charges for care and accommodation and patients' individual agreements with the home.

However, five areas for improvement were identified as part of the finance inspection, one of which related to ensuring that there is evidence that patients have been provided with an individual written agreement. This area was identified as part of the previous finance inspection of the home and requires immediate attention by the registered person. The remaining areas for improvement related to ensuring that written agreements are kept up to date, ensuring that records of patients' furniture and personal possessions are checked by two people at least every quarter, ensuring that personal expenditure contracts are in place and ensuring that comfort fund monies are managed in a separate bank account. Four new areas for improvement were identified.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, maintaining good working relationships and the overall controls in place to safeguard patients' monies and valuables.

## Areas for improvement

The following areas were identified for improvement in relation to patient agreements, records of patients' furniture and personal possessions, personal expenditure contracts, and banking arrangements for the patients' comfort fund.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Butler, regional director and Cherith Rogers, registered 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27.4 (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed:</b> Immediate action required</p>	<p>The registered person shall ensure that fire exits and stair wells are kept clear and are free from obstruction.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> This was rectified on the day of the inspection. It is monitored on Quality Walk Rounds.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 27 (4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 December 2019</p>	<p>The registered person shall ensure that a review of the fire safety risk assessment is completed in accordance with Northern Ireland Health Technical Memorandum 84 (HTM84), and implement any subsequent works action plan recommendations in compliance with the risk assessor`s stated time frame.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> This was completed on the 2<sup>nd</sup> December.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 January 2020</p>	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient`s representative, to reflect patients` needs in respect of their health and welfare. This should be monitored and reviewed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The two identified care plans were in place by the end of the inspection. Care plans are being monitored by regular Quality Walk Rounds.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> 12 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the patient dining experience and the deployment of staff at mealtimes in Scarva Unit, is reviewed to ensure that patients receive their meals in a timely manner and that the menu is appropriately displayed.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This continues to be reviewed regularly via Quality Walk Rounds. A menu presentation consultation was carried out with residents, relatives and staff. Update: 13.01.20 - The consultation with patients, relatives and staff showed that they were happy with the current written format of menus along with show plates being used at the time of the meal for a visual choice to be made.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 21 January 2020</p>	<p>The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Written agreements are provided for all residents and records kept of dates when sent.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2020</p>	<p>The registered person shall ensure that the building is kept clean and hygienic at all times in accordance with infection control best practice and is decorated to a standard acceptable for residents.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> There is a refurbishment plan in place for flooring and repainting of the home. This is ongoing.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that equipment is appropriately stored to minimise the risk of infection for staff, residents and visitors.</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This was actioned on the day of the inspection and monitored on Quality Walk Rounds.</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that supplementary care records are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A review has been undertaken of supplementary records to ensure that they are clear not repetitive.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 January 2020</p>	<p>The registered person shall ensure that patients' individual written agreements are updated to reflect any changes including the regional annual change in fee arrangements. Changes to each patient's agreement with the home should be agreed in writing by the patient or their representative.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Written updates to agreements are provided for all residents and records kept of dates when sent.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2019</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions are checked at least quarterly by two staff members. The record of the check performed should be signed and dated by both staff members.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Inventories for residents personal possessions are checked by two staff at least quarterly - this is monitored on Quality Walk Rounds.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 14.31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2019</p>	<p>The registered person shall ensure that a separate bank account should be in place to hold resident comfort fund monies distinct from other monies. A reconciliation of the bank accounts managed on behalf of patients should be carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> There has been discussions between Head Office and Finance Inspector with regards to the comfort fund and bank account reconciliations</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 14.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Written authorisation forms are provided for all residents and records kept of dates when sent.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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