



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of establishment: Blair House Care Home

RQIA number : 11104

Date of inspection: 5 March 2015

Inspector's name: Lorraine Wilson

Inspection number: 21175

The Regulation And Quality Improvement Authority
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1.0 General information

Name of establishment:	Blair House Care Home
Address:	107 Dakota Avenue Newtownards BT23 4QX
Telephone number:	028 9182 4450
Email address:	caronconroy@priorygroup.com
Registered organisation/ registered provider:	Priory (Watton) Ltd c/o Priory Group Mrs Caroline Denny
Registered manager:	Ms Caron Conroy
Person in charge of the home at the time of inspection:	Ms Caron Conroy
Categories of care:	RC-DE, NH-DE, NH-I
Number of registered places:	81
Number of patients/residents accommodated on day of inspection:	24 residents 52 patients
Date and type of previous inspection:	4 September 2014, Primary Unannounced Inspection
Date and time of inspection:	5 March 2015 11.30 - 17.10 hours
Name of inspector:	Lorraine Wilson

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

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

- Discussion with the registered nurse manager
- discussion with the regional project nurse manager for the company
- discussion with staff
- discussion with patients and residents individually and to others in groups
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- observation during a tour of the premises
- evaluation and feedback.

5.0 Inspection Focus

The purpose of this inspection was to evidence the progress being made during and since the previous inspection undertaken on 4 September 2014. RQIA had received information from the commissioning Trust in respect of wound care management since the previous care inspection, and two care records relating to wound care were reviewed during the inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Blair House Nursing home is situated in Newtownards within the West Winds housing estate, and located within reach of local bus routes and Newtownards town centre.

The nursing home is owned and operated by Priory (Watton) Limited, and the responsible individual on behalf of the company is Mrs Caroline Denny.

The current registered manager is Ms Caron Conroy who commenced employment in September 2014.

Accommodation for patients/ residents is provided in four individual suites which are located over two floors.

On the ground floor, is the Strangford residential suite which can accommodate a maximum of 11 residents, and the Scrabo nursing suite which can accommodate a maximum of 28 nursing patients.

On the first floor, is the Blair Maine residential suite which can accommodate a maximum of 14 residents, and the Dakota general nursing suite which can accommodate a maximum of 28 nursing patients.

Access to the first floor is via a passenger lift and stairs.

All bedroom accommodation is provided in single rooms, which are en-suite.

Communal lounges and dining areas are provided within each suite, and communal sanitary facilities are also available.

The home also has a hairdressing room, café, and activity room.

Catering and laundry services for the home are located on the ground floor.

Car parking spaces were provided at the front of the building.

The home is registered to provide care for a maximum of 81 persons under the following categories of care:

Nursing care

- I old age not falling into any other category to a maximum of 28 patients in the Dakota suite.
- DE dementia care to a maximum of 28 patients accommodated in the Scrabo suite.

Residential care

- DE dementia care to a maximum of 11 residents in the Strangford suite and up to a maximum of 14 residents accommodated in the Blair Maine Suite.

7.0 Summary

This summary provides an overview of the services examined during a care inspection to Blair House. The inspection was undertaken by Lorraine Wilson, inspector on 5 March 2015 from 11.30 to -17.10 hours.

The inspector was welcomed into the home by Ms Caron Conroy, registered manager who was available throughout the inspection. Ms Norah Curran, regional project nurse manager, arrived during the inspection and met with the inspector.

Verbal feedback of the issues identified during the inspection was given to Ms Conroy and Ms Curran, during and on conclusion of the inspection.

The focus of this inspection was to follow up on the progress made during the unannounced care inspection undertaken on 4 September 2014. Since the previous care inspection, the commissioning trust had shared concerns in relation to wound care with RQIA. Two care records regarding wound care were also reviewed.

During the course of the inspection, the inspector met with patients/residents, and staff. Care practices were observed, a selection of legislative records examined, and the dining experience for patients and residents in Strangford and Scrabo suites was reviewed. A general inspection of the nursing home environment was carried out as part of the inspection process.

Four requirements made as a result of the previous inspection on 4 September 2014 were examined. Two requirements evidenced compliance, whilst two others were assessed as moving towards compliance and are stated again for a second time.

It was positive to note that since the previous care inspection the registered manager and two deputy managers had been appointed. The registered manager has been in post for five months and acknowledged whilst some improvements have been made, there was still work to do.

Confirmation was provided that a chef and two designated activity staff had been appointed and required recruitment checks were taking place prior to employment commencing. The registered manager informed the inspector that positive feedback had been provided following a recent relative's meeting. An environmental health inspection in February 2015 resulted in the home achieving the maximum award of five stars. The registered manager confirmed that to enable effective cleaning of the premises, allocated hours for domestic staff had recently been increased.

The inspector met with patients and residents in each of the four suites, speaking to some individually and to others in groups. Responses provided were positive and there were no issues raised with the inspector.

During lunch, the dining experience in two units was reviewed. Patients and residents were provided with a choice of meals which looked nutritious. There was however a variation in the management of the meal service. In Strangford suite the management of the meal service was calm, relaxed and well organised.

Whilst in Scrabo suite a review of the meal service is necessary as many of the issues identified during the previous care inspection had not been effectively addressed. These were

in relation to availability of condiments, a choice of fluids with meals, and the overall management of the meal service. There was a potential health and safety risk identified in relation the position of the bain maire and the undertaking of domestic tasks during meal service.

To enable patients and residents in each suite to know what is available for each mealtime, a daily menu recorded in a suitable format (including a pictorial format where necessary) should be displayed in an appropriate location. .

Two care records were reviewed in relation to wound care and a body map in a third care record was also examined. Whilst key principles for record keeping in relation to wound care were evidenced, recording deficits were also noted. It was identified that following a review by a dietician, a patient's care plan had not been updated in a timely manner. In addition a prescribed instruction to monitor pain relief for a period of time for another patient could not be evidenced, or a body map had not been updated to note and record discolouration present on one patient's arm. In addition there was no traceable record to evidence that specialist pressure relieving equipment recommended for one patient had been received.

Post inspection, the inspector received assurances from the registered manager that identified issues in respect of care records had been addressed.

One alleged safeguarding incident reviewed had been appropriately reported and recorded in accordance with safeguarding procedures.

Generally the home was clean, hygienic well maintained, and many bedrooms were personalised with personal mementos, photographs and ornaments. There were however, some wall finishes in bedrooms and communal dining areas, which were noted to be scuffed, stained or damaged, and in need of repainting. The registered manager confirmed that some refurbishment had taken place to address these identified issues, and further requests for refurbishment approval had been issued to company offices. It was agreed the refurbishment programme would be submitted to RQIA.

Infection prevention and control issues which were identified during the previous care inspection were moving towards compliance and have been stated again for a second time.

A communal shower room and small sitting room in the Dakota suite were both being used for storage, and not for the purposes for which they were registered. This was discussed with the registered manager. A variation should be submitted to RQIA when a change of use of room is planned.

Six requirements, two of which are stated for a second time were made during this inspection. Seven recommendations were also made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, registered manager, project manager, deputy manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	13(7)	The registered person must ensure that the management of communal bathroom areas are maintained appropriately to minimise the risk of cross infection between patients and staff.	<p>The inspector sampled a number of communal bathrooms/shower rooms in the four suites. Overall they were suitably maintained, however, in Dakota suite, toiletries were observed sitting on the bath and on the window ledge. This would point towards communal use. Similar issues were raised during the previous care inspection.</p> <p>A communal shower room in Dakota suite, was also being used inappropriately to store equipment, such as hoists, wheelchairs and pressure cushions.</p> <p>This requirement is stated again for a second time.</p>	Moving towards compliance.

<p>2.</p>	<p>12(4)</p>	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • The dining room is appropriately prepared in readiness for meals • Sufficient appropriate cutlery is always available • Condiments are set out when patients are served meals • A choice of fluids are available with meals • Drinks are served in appropriate glassware • There are sufficient appropriate clothing protectors available as required • Patients are assisted with meals in a dignified manner • Sufficient staff are available to assist patients as required with meals • Appropriate equipment is available to cover meals being taken to patients in their own rooms 	<p>The inspector reviewed the dining experience for patients and residents in Strangford and Scrabo suites.</p> <p>In both suites, the dining areas were appropriately prepared in readiness for meals and sufficient cutlery was available.</p> <p>Condiments were available in Strangford suite but could not be evidenced in Scrabo suite. Discussion with the registered manager confirmed that as the condiments were in paper packaging they were offered by staff. However, this was not witnessed by the inspector.</p> <p>There were differences with the management of the service. In Strangford suite, residents enjoyed a positive dining experience, which was calm, relaxed and well organised.</p> <p>However, in Scrabo suite, the management of the meal service was not well managed and the majority of issues raised during the previous care inspection had not been effectively addressed.</p> <p>A recommendation was made that a daily menu in a suitable format is on display in each suite.</p> <p>Parts of this requirement are stated again for a second time.</p>	<p>Moving towards compliance.</p>
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3.	2020(1)(c)(iii)	<p>The registered person must ensure that;</p> <ul style="list-style-type: none"> • Catering staff are provided with training on the preparation and service of modified diets • Catering staff are trained in customer service and presentation of themselves when out interacting with patients/ residents • All staff receive refresher training on how to present and deliver meal service 	<p>Confirmation was provided that catering staff were currently in the process of attending a four week training programme, to include the preparation and service of modified diets.</p> <p>The registered manager confirmed that new uniforms had been purchased for catering staff and supervision sessions had been provided to catering staff with regard to meal service presentation.</p> <p>This requirement was addressed.</p>	Compliant
4.	12(2)(a)	<p>The registered person must ensure that there is always an appropriate supply of bed linens, towels and face cloths to meet the needs of the patients.</p>	<p>The registered manager confirmed that additional stocks of bed linen, towels and face flannels had been purchased.</p> <p>The laundry assistant on duty also confirmed that due to the additional purchases, sufficient supplies were available.</p> <p>The inspector evidenced that sufficient stock of bed linen and towels and face flannels were available on the day of inspection.</p> <p>This requirement was addressed.</p>	Compliant

8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection, the commissioning trust had shared concerns in relation to wound care with RQIA. During this inspection, a sample of care records relating to wound care was reviewed. Refer to 9.1 for further information.

Since the previous care inspection RQIA had received a notification from the registered manager regarding an alleged safeguarding of vulnerable adults (SOVA) incident. The alleged incident was being managed in accordance with the regional adult protection policy under the direction of the safeguarding team within the commissioning health and social care trust.

Following discussion with the registered manager the inspector was satisfied that appropriate action had been taken to ensure the protection of the patients/residents currently accommodated during the investigation process.

9.0 Additional Areas Examined

9.1 Care Records

The inspector reviewed two care records regarding wound care management, and reviewed the body map record for a third patient.

The key principles of good record keeping had generally been adhered to, and care records reviewed provided evidence of the assessments, risk assessments, care and treatment plans including a review and daily evaluation of the nursing care provided and the treatment delivered.

These were however recording deficits noted in relation to the following:

- One patient was observed to have an area of discoloured skin on their left arm. This was discussed with the deputy manager who confirmed that it had been present for some time. There was a body map in the patient's care record; however, this relevant information was not recorded. A recommendation is made.
- One patient had been seen by a specialist wound care nurse (tissue viability nurse, TVN) and a specialist mattress was recommended. There was evidence that the mattress had been ordered, however, there were no records to evidence receipt of the mattress. Confirmation was provided by the deputy manager that the specialist mattress was received. A traceable record of equipment in use for each patient /resident must be in place. A requirement was made.
- One patient had been reviewed by a dietician on 26 February 2015 and a treatment plan had been issued. The same patient was also seen by a specialist nurse in wound care (tissue viability nurse, TVN) who had requested that a pain assessment was to be undertaken for a time limited period. In the patient's nursing notes, the care plan had not been updated or amended to take account of the revised treatment plan in a timely way, nor was there recorded evidence of the pain assessment having been completed as prescribed. A requirement was made.

These issues were discussed with the registered manager, quality manager and a deputy manager. On 5 March 2015, post inspection, the inspector received an assurance from the registered manager via electronic mail confirming that the care records had been reviewed and updated to address the issues identified. On 6 March 2015, further information was also received confirming that supervision had commenced with nursing staff in relation to care documentation. The registered manager confirmed that quality monitoring of care files had also commenced. This prompt response is acknowledged.

9.2 Care Practices

During the inspection, the staff observed treated patients and residents with dignity and respect and positive relationships were evident. Patients and residents were well presented with their clothing suitable for the season.

Staff were present in lounge areas, and call bells were within reach for patients and residents who were nursed in bed or who preferred to remain seated in their bedroom. The call bells were responded to promptly.

During early afternoon, one patient was observed sitting in a wheelchair outside the toilet. The inspector observed that the patient had to wait a period of time before assistance was provided by staff. Patients and residents rights should be protected through person centred care. A recommendation was made.

9.3 Meals and Mealtimes

The inspector observed the serving of lunch and reviewed the dining experience for patients and residents in Strangford and Scrabo suites.

In both suites, the dining areas were appropriately prepared in readiness for meals and sufficient cutlery was available. Patients and residents had a choice of a main course which they pre-ordered and the meals which looked nutritious were delivered in a bain marie. Care staff served the meals.

In Strangford suite the majority of residents had their meals served in the dining room, and one resident was served their meal in their bedroom. The mealtime was calm, relaxed and well organised.

However, in Scrabo suite, the management of the meal service required improvement. Some of the issues identified during the previous care inspection had not been effectively addressed.

Patients were served their meal from a large bain marie which had been transported from the kitchen and placed in the communal lounge and dining area, before being transported to a smaller dining area within the same unit. It was the inspector's professional view that the positioning of the bain marie in the communal lounge was a potential health and safety risk to patients. A further potential health and safety risk to patients and staff was identified, as the inspector observed domestic staff mopping the floor in the communal lounge and dining area as the meal service was commencing.

The appropriateness of this practice was queried by the inspector, and the nurse in charge requested the staff member to complete the domestic duties after lunch. A requirement was made.

Some of the following issues which were identified during the previous inspection continue to be evident, for example:

- There was no choice of fluids offered to patients, staff were observed serving juice
- Condiments were not offered to patients, and whilst the registered manager advised that the paper condiment sachets in this suite were kept on the window sill, the inspector observed the serving of lunch and did not observe these being offered to patients.
- To promote dignity for patients the quality of clothing protectors in use could be improved
- The inspector observed meals sitting in front of patients for a period of time before staff were available to offer support and assistance.
- Patients seated in the smaller dining room were seated for a lengthy period before the bain marie was transported to the dining room and their meal was served. This was a small area and there was a potential health and safety risk due to the position of the trolley.

To ensure patients' receive their meal in a timely manner, and the required supervision, support and assistance is offered to patients in a timely way. An urgent review of the meal service in Scrabo suite should be undertaken by senior management to fully address issues raised previously, some of which are being stated for the second time. A requirement was made.

Consideration should also be given to the provision of smaller trolleys to ensure a more efficient service. A recommendation was made.

The daily menu should also be displayed in a suitable format (including a pictorial format where necessary) in an appropriate location within each suite to assist patients and residents know what is available at each mealtime. A recommendation was made.

9.4 Governance and Staffing Arrangements

Confirmation was provided that the director of operations for the company undertakes monthly regulation 29 visits to the home on behalf of the responsible individual. The inspector reviewed three monthly reports and the most recent visit was undertaken on 18 February 2015.

The reports were robustly completed, and covered a number of areas. An action plan was devised identifying the areas to be addressed. Some issues identified by the inspector had also been raised during the February 2015 monthly visit.

Since the previous care inspection, a manager has been appointed and registered with RQIA. Two deputy managers have also been appointed. Both the registered manager and deputy managers have experience of working within a nursing home environment. It is positive to note that the management structure within the home has been reinforced, and both deputy managers have allocated hours for management and clinical duties. On each floor there are two full time house managers, both of whom are registered nurses.

The registered manager confirmed that there were no staffing vacancies, and advised that required recruitment checks for a chef and two designated activity staff were awaited. Upon confirmation of these checks appointed staff will be able to commence employment.

The staffing rotas reflected sufficient staff had been rostered to meet residents and patients' needs; however, in Dakota suite one care assistant due to be on duty had an unplanned absence on the day of inspection. This was discussed with a deputy manager on duty who confirmed that a assistance was provided by a staff member from another suite during part of the morning and the deputy manager confirmed they also provided assistance during patient meal times. An assurance was provided by the registered manager that processes to monitor staff absence were in place.

The inspector was informed that since the previous care inspection, allocated hours for domestic staff have also been increased.

9.5 Environment

The inspector undertook an inspection of the premises and viewed a sample of patients' bedrooms, bathroom, shower and toilet facilities and communal areas. Overall the home was clean, hygienic well maintained, and many bedrooms were personalised with personal mementos, photographs and ornaments.

There were orientation boards noted throughout the home, though these were not up to date.

A recommendation was made.

A number of areas were identified in relation to the fitness of the premises. Wall finishes in some bedrooms and communal dining areas, were noted to be scuffed, stained or damaged, and in need of repair and or repainting.

The registered manager confirmed that a number of areas had been refurbished and further areas for refurbishment had been identified with quotes for approval having been submitted to head office. It was agreed that the refurbishment programme would be submitted to RQIA. A recommendation was made.

In the Dakota suite a communal shower room and small sitting room were not being used for the purposes for which they were registered, for example, a small sitting room in Dakota suite was being used for storage of items as well as unnamed patient/resident clothing. This issue had also been identified by the director of operations.

As at the date of inspection RQIA had received no variation request for change of use of the sitting room or communal shower room. A recommendation was made.

9.5.1 Infection Prevention and Control

Generally infection prevention and control practices throughout the home were mostly satisfactory; however, the following issues were identified.

- One bathroom in Dakota suite, had toiletries sitting on the bathroom window ledge. A similar issue was identified during the previous care inspection and as it has not been addressed, is stated again for a second time.
- Some personal protective equipment (PPE) stations located in corridors throughout the home had no protective aprons provided.
- A communal shower room in Dakota suite was unable to be used for its registered purpose as it was full of equipment such as hoists, wheelchairs, commodes cushions etc.

Robust infection prevention and control practices must be in place at all times and a requirement made previously is stated again for a second time.

9.5.2 Health and Safety

As indicated in 9.3, the positioning of the bain maire in the communal lounge and dining area, and smaller dining area within Scrabo suite posed a potential health and safety risk to patients.

In addition, a further potential risk was also observed in the same suite as domestic staff were observed mopping the communal lounge and dining floor as staff were due to commence the meal service.

The registered persons must ensure that a robust health and safety risk assessment identifying hazards and risks is completed, and action taken to minimise risks to residents, patients and staff. A requirement was made.

10.0 Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Ms Caron Conroy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

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.

Enquiries relating to this report should be addressed to:

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5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Blair House Care Home

5 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Caron Conroy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13(7)	<p>The registered person must ensure that the management of communal bathroom areas are maintained appropriately to minimise the risk of cross infection between patients and staff.</p> <p>Ref: Follow up to previous inspection and additional areas examined, 9.5.1</p>	Two	<p>This has been actioned. Bathroom is checked daily by staff nurses and the Manager on her walk around. Staff supervisions have also been carried out to remind staff not to leave personal items in bathrooms.</p>	28 days from date of inspection.
2.	12(4)	<p>The registered person must ensure that ;</p> <ul style="list-style-type: none"> • Condiments are set out when patients are served meals • A choice of fluids are available with meals • There are sufficient appropriate clothing protectors available as required • Patients are assisted with meals in a dignified manner • Sufficient staff are available to assist patients as required with meals <p>Ref: Follow up to previous inspection and additional areas examined, 9.3</p>	Two	<p>New condiments for tables have been purchased and are now readily available for the use of residents and patients. Mealtimes now offer a range of fluids and resident patients are offered variety and choice. New clothes protectors have been purchased and disposable cloth protectors are also available. Meals are kept warm in the heated trolley until staff are free to assist so residents/patients are given time and a hot meal.</p>	28 days from date of inspection.

3	16(2)(b)(c)(d)	<p>The registered persons must ensure that each patient's care plan is kept under review, and updated in a timely manner to accurately reflect changes in care and treatment.</p> <p>Ref: Additional areas examined, 9.1</p>	One	<p>Audits are undertaken each month, and randomly by the Deputies and the Home Manager. Any notifications of changes in care form MDT professionals are submitted to the Manager or Deputy who then checks to see the care plan is reflective of the changes made.</p>	28 days from date of inspection.
4	12(1)(c)	<p>The registered person must provide treatment and any other services to patients to meet their individual needs, and must maintain a traceable record of any equipment in use for each patient.</p> <p>Ref: Additional areas examined, 9.1</p>	One	<p>Staff have recieved a supervison in relaiton to the recording of receipt of equipment, and in relation to the recording of any MDT team interventions.</p>	28 days from date of inspection
5	17(1)(2)(3)	<p>The registered person must undertake a review of the meal service in Scrabo Suite. A report of the review outcome and actions taken to improve services for patients should be submitted to RQIA when returning the Quality Improvement Plan.</p> <p>Ref: Additional areas examined, 9.3</p>	One	<p>This is now be done please see attached report.</p>	30 April 2015

6	27(2)(t)	<p>The registered person must undertake a health and safety risk assessment to identify hazards and risks during the meal service and take effective action to minimise risks to patients, residents and staff.</p> <p>Ref: Additional areas examined, 9.5.2</p>	One	This has been actioned and the actions explained in the report attached.	28 days from date of inspection
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.6	<p>The registered manager must ensure that nursing staff maintain clear and accurate records of body maps for each patient.</p> <p>Ref: Additional areas examined, 9.1</p>	One	Actioned and addressed through supervision.	28 days from date of inspection
2	19.1	<p>The registered manager must ensure that person centred care is delivered at all times, and patients receive continence care in a timely manner to meet their needs.</p> <p>Ref: Additional areas examined, 9.2</p>	One	Actioned and staff have reviewed the toileting program of the resident concerned.	28 days from date of inspection
3	25.2	<p>To enable an effective meal service, the registered manager should consider the provision of two small trolleys and advise RQIA of the outcome.</p> <p>Ref: Additional areas examined, 9.3</p>	One	New small heated trolley has been purchased as suggested by the inspector. The outcome is described in the attached report in relation to the dining experience.	30 April 2015
4	12.4	<p>The daily menu should be displayed in a suitable format (including a pictorial format where necessary) in an appropriate location within each suite to assist patients and residents know what is available at each mealtime.</p> <p>Ref: Additional areas examined, 9.3</p>	One	New table A5 menu holders have been purchased once the new menu are finalised these will be on daily display on the tables..	30 April 2015

5	32.3	To assist in orientating patients and residents, orientation boards which are located throughout the home, should be kept up to date at all times. Ref: Additional areas examined, 9.5	One	A staff member is assigned each day to check the orientation board and keep them up to date.	30 April 2015
6	32.1	The refurbishment plan and timeline for commencement and completion should be submitted to RQIA when returning the Quality Improvement Plan. Ref: Additional areas examined, 9.5	One	Refurbishment plan is attached for your information. This has commenced and should be completed by January 2016	30 April 2015
7	25.6 25.8	The registered manager must ensure that any change in registered use of the premises is made only with the approval of RQIA, and a variation request is submitted if required. Ref: Additional areas examined 9.5.	One	The bathroom concerned has been cleared and returned to its status under registration a shower room .	30 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Caron Conroy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Linda Thompson	08 May 2015
Further information requested from provider			