

Unannounced Care Inspection Report 6 and 7 December 2017



Rose Martha Court

Type of Service: Nursing Home (NH)
Address: 30 Westbourne Avenue, Ballymena, BT43 5LW
Tel No: 028 2564 8165
Inspector: Lyn Buckley

www.rqia.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 100 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O-Hare-Connolly	Registered Manager: See box below
Person in charge at the time of inspection: Samuel Warren, Manager Registered Nurse M Torres – Nurse in Charge on 7 December 2017 from 06:00 to 08:00	Date manager registered: Samuel Warren, registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	Number of registered places: 100 comprising: 29 NH - DE 33 NH - I, PH, PH(E) and TI 20 RC - I 18 RC - DE

4.0 Inspection summary

An unannounced inspection took place on 6 December 2017 from 10.00 to 17.00 and on 7 December from 06.00 to 14.45. The inspection focused on the two nursing units, Maine and Slemish. Mr Alan Craig, lay assessor, accompanied the inspector on day one of the inspection from 10.00 to 13.30.

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 'patient' is used to describe those living in Rose Martha Court 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.

There were examples of good practice found throughout the inspection in relation to management of staffing levels, governance arrangements, engagement with staff, patients and relatives and care delivery. The management team were commended for their efforts to facilitate and support staff development and to improve the training compliance levels.

Areas for improvement under regulation were identified in relation to communication, the management of malodours; the management of patient equipment and infection, prevention and control (IPC) practices.

Areas for improvement under the standards were identified in regards to communication between staff; the dining experience of patients and the management of incontinence net pants and bed linen supplies.

Patients generally described living in the home in positive terms. 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.

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
Total number of areas for improvement	4	5

Details of the Quality Improvement Plan (QIP) were discussed with Samuel Warren, Manager, and Gavin O'Hare-Connolly, Responsible Individual, 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 19 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 19 August 2017. 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

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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector and lay assessor met with seven patients individually and with others in small groups, 21 staff, four visiting professionals and one patient's relative. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 19 November to 10 December 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training compliance records
- a sample of incident and accident records
- two staff recruitment and induction files
- seven patients' care records
- 10 patients' care charts including personal and toileting care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a sample of governance audits
- complaints record
- RQIA registration certificate
- certificate of public liability
- 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, partially met, or not met.

The findings of the inspection were provided to the manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated as part of this inspection. See section below.

6.2 Review of areas for improvement from the last care inspection dated 19 August 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
Area for improvement 1 Ref: Standard 20 (1) (a) Stated: First time	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. The registered person must review</p> <ul style="list-style-type: none"> The registered nursing and care staff provision, specifically focusing on the afternoon, evening and night duty periods. 	Met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and staff; and review of duty rotas for nursing and care staff evidenced that staffing levels were maintained as planned within the two nursing units. Staff confirmed that having two registered nurses and five care staff in each nursing unit from 08.00 to 20.00 enabled them to deliver care more effectively. The manager also confirmed that an additional member of staff was now rostered daily from 20.00 to 00.00 within Slemish Unit to ensure that patients' needs were met in a timely manner.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 43.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure there are adequate furnishings provided. The registered person must complete:</p> <ul style="list-style-type: none"> • A review of the quality of occasional chairs available in communal lounge areas and establish a refurbishment program to replace those identified as being beyond use. This review should be retained for inspection along with any refurbishment program generated. • A review of the provision of bedside tables and small occasional tables in the communal areas, to ensure that patient's needs with meals, fluids and comfort are met. <p>Action taken as confirmed during the inspection: Discussion with the responsible individual and the manager confirmed that following a review; replacement furniture had been ordered. A number of chairs were observed to have been delivered to the home on 7 December 2017. Management confirmed that a home improvement plan was under development and it was agreed that a copy of this plan would be shared with RQIA with regular updates on its progress. A copy was subsequently received by RQIA via email on 18 December 2017.</p>	<p>Met</p>
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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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 19 November to 10 December 2017 evidenced that planned staffing levels were adhered to. Short notice sick leave was recorded on duty rotas with evidence of actions taken to ensure adequate staffing levels were maintained. Rotas also confirmed that catering and housekeeping staff were on duty daily. Staff confirmed that having two registered nurses and five care staff in each nursing unit from 08.00 to 20.00 was an improvement and sufficient to meet the needs of the patient. The manager also confirmed that an additional member of staff was now rostered daily from 20.00 to 00.00 in order to ensure that patients' needs were met in a timely manner, within the Slemish Unit.

Two of the seven patients spoken with during the inspection raised concerns regarding staff response times to requests for assistance to the bathroom and/or for assistance to bed. Other patients indicated that they were very satisfied with the delivery of care. All comments received from patients during the inspection were shared with the manager for consideration and/or action as necessary.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients' needs in a timely and caring manner. Throughout the inspection, the nurse call system was observed to be answered promptly. Prior to the inspection, the manager had discussed with RQIA concerns identified by the management team regarding patients' mealtime experiences and the management of patients' weight loss within the Maine Unit. The manager stated that in an effort to address such concerns, an interim management plan had been implemented in order to drive improvement. While RQIA acknowledged and evidenced the improvements to the management of patients' weight; weaknesses were still evident in regards to the mealtime experience for patients' in both nursing units and the long term management of mealtimes within the Maine Unit given the level of assistance required by patients with their meals. These deficits are discussed further in section 6.6.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Although staff employment histories were available, it was noted that this information was not available in hard copy format within the recruitment file for one staff member. Discussion with the manager confirmed that paper and electronic records were used as part of the pre interview process and that gaps in candidates' employment histories were discussed with the candidate during interview process. A copy of the electronic records was made available before the conclusion of the inspection. The importance of this information being reviewed in compliance with recruitment and adult safeguarding best practice was also stressed.

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 enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training compliance records for 2017.

Staff confirmed that they were required to complete mandatory training which included face to face training and e-learning. Records confirmed that staff had completed training in areas such as moving and handling, first aid and fire safety. A schedule of training dates was in place to ensure full compliance with mandatory training requirement. For example, a fire safety practical session was scheduled for the 8 December 2017 to ensure 100% compliance with fire safety training requirements. Additional training was also made available to enable staff to fulfil their role and function in the home. For example, on 7 December 2017 a number of ancillary staff who assisted patients with eating and drinking received additional training on how to provide such care in a safe and effective manner. The management team were commended for their efforts to facilitate and support staff development and to improve the training compliance levels.

Observations confirmed that moving and handling training had been embedded into practice. However, the inspector observed one instance of poor practice in regards to the moving and handling practice of staff. This was brought to the attention of the nurse in charge of the unit who addressed this with the staff concerned. However, it was concerning that this incident was not communicated to the manager or deputy manager until they were informed by the inspector during feedback. At the conclusion of the inspection the manager confirmed that the appropriate action had been taken and the incident reported to the Trust. An area for improvement under the regulations was made.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that he was aware of his role and responsibilities and that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. Adult safeguarding is discussed further in section 6.7.

Review of patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

We reviewed the system and processes regarding the management and governance of accidents and/or incidents that occurred in the home. This review evidenced that accidents/incidents were managed and reported in line with good practice guidelines and DHSSPS standards. For example, if any patient experienced a fall, their relevant care plans and risk assessments were reviewed and updated as required. RQIA were notified of events in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, dining rooms, stairwells and storage areas. The home was found to be warm, well decorated, generally fresh smelling and clean, however, there were two exceptions:

- a malodour was detectable in one identified bedroom which pervaded into the adjacent corridor
- a store within the Maine Unit was observed to have been ineffectively cleaned and was a subsequent source of further malodour

Following feedback and advice from the inspector, staff replaced one patient's chair and bed mattress resulting in malodours within the patient's bedroom being appropriately managed; and the identified store was cleaned and malodourous cushions removed. An area for improvement under the regulations was made.

In addition, observation of seat cushions throughout both nursing units, including wheelchair cushions, evidenced that they were no longer waterproof and that the internal material was soiled and malodourous. Evidence of this was demonstrated to nursing staff and the deputy manager. During feedback it was discussed that all mattresses and cushions should be reviewed in line with manufacturer's instructions to determine the effectiveness of the waterproof covering; any found to be compromised/soiled should be replaced in keeping with IPC best practice guidance. An area for improvement under the regulations was made.

Staff spoken with were aware of their role and responsibilities regarding infection prevention and control (IPC) measures in relation to ensuring a clean environment and the use, storage and disposal of IPC equipment. Review of governance records evidenced that an IPC audit had been undertaken in November 2017. An action plan was under development by management, however, a number of issues were identified regarding IPC as follows:

- equipment such as hoists, hoist slings, trolleys, and personal protective equipment (PPE) were stored in close proximity to toilets contrary to IPC best practice guidance
- a number of dispensers for hand gel throughout the home were either empty or faulty
- pull cords for light switches and/or emergency call bells were not all washable and could therefore not be cleaned effectively
- a lounge adjacent to the hairdressers room on the first floor required to be cleaned thoroughly due to the food debris observed on the floor and 'cut hair' evident on upholstered chairs which suggested that these chairs had been used for hairdressing

An area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of staffing levels, staff training, governance arrangements for accidents and incidents occurring within the home.

Areas for improvement

Areas for improvement under regulation were identified in relation to the communication of events to management, the management of malodours; the management of patient equipment and IPC practices.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

We reviewed the management of pressure area care and wounds; fluid intake, falls and the admission process. Patient records evidenced that nursing assessments and care plans reflected the assessed needs of patients and were kept under regular review. For example, when a patient's total fluid intake over 24 hours fell below their recommended total; the patient's GP was notified.

Care records indicated that, where appropriate, referrals had been made to healthcare professionals such as TVN, Speech and Language Therapists (SALT), dieticians, care managers and General Practitioners (GPs). Nursing assessments and care plans in respect of pressure area care, wounds, and nutrition had been reviewed on at least a monthly basis and were reflective of recommendations made by healthcare professionals.

A contemporaneous record to evidence the delivery of care was recorded for each of the areas reviewed. For example, charts such as repositioning, and fluid intake were recorded accurately and had been evaluated. Advice was provided to nursing staff within the Slemish Unit to ensure that they also recorded when a patient refused care interventions and if any subsequent action was taken.

There was evidence of regular communication with patients and/or their relatives within the care records.

Discussion with staff and observations evidenced that nursing and care staff were required to attend a handover meeting at the beginning of their shift. The night duty handover report observed, in Maine Unit on 7 December 2017, provided nursing and care staff with a detailed account of any changes in the patients' conditions overnight. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided necessary information regarding each patient's condition and their ongoing care needs.

Staff described the benefits of having a pre-printed handover sheet and referred to it as essential during their induction or when working within an unfamiliar unit. A copy of the pre-printed handover report for the Maine Unit was reviewed. It contained details of each patient's medical history and treatments and specific needs relating to nutrition and moving and handling. Although day and night staff in the Maine Unit confirmed that they used the handover sheet regularly, staff in the Slemish Unit stated that they did not use it routinely. This was discussed with the manager and an area for improvement under the standards was made.

Staff spoken with stated that there was effective teamwork and that each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager.

Patients and relatives spoken with expressed their confidence in raising concerns with the home's staff/management. Review of records evidenced that a relatives' meeting had been held on 8 November 2017. Future dates for relatives' meetings were displayed on the notice board in the foyer of the home.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and the culture of the home which promoted a sense of teamwork.

Areas for improvement

An area for improvement under the standards was identified in relation to the use of pre-printed handover reports.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 10:00 on 6 December 2017 and were greeted by staff who were helpful and attentive. Patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice depending on their preferred tastes while staff were observed assisting patients to drink as required.

On 7 December 2017, we arrived in the home at 06:00. The home was quiet and staff were preparing to assist patients who required help with repositioning in bed. One patient was up, washed and dressed in Maine Unit, and this was in keeping with their usual pattern. The patient had been served a warm drink and a snack. It was evident that the early morning routines were governed by patients' needs rather than the routine of the home. Night staff confirmed that they had access to adequate supplies of aprons, gloves, wipes and incontinence pads. The nursing staff confirmed that there was a system in place to enable access to additional nursing supplies if required. However, staff spoken with confirmed that supplies of bed linen were inadequate and that they had to use duvet covers as sheets regularly. Discussion with the manager and responsible individual confirmed that they had identified the inadequate linen supplies and an area for improvement under the standards was made.

Observation of the trollies used by staff to transport supplies of clean linen and incontinence pads evidenced that laundered net pants were used communally. This practice should cease and net pants should only be supplied to patients on an individual basis. An area for improvement under the standards was made.

Staff spoken with demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Whiteboards were observed in each of the nursing offices and these contained details of patients' names, room numbers and confidential information which could have been accessed by members of the public. This was discussed with staff and an area for improvement under the standards was made.

Patients able to communicate their feelings stated that they enjoyed living in Rose Martha Court and that their needs were met by staff who were helpful and kind. Two patients raised concerns with the lay assessor; this was discussed previously in section 6.4. 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.

We spoke with one relative during this inspection. The relative was aware of the process for raising concerns regarding the care of their loved one and said they would be confident in approaching the manager. Ten questionnaires for relatives were issued; none were returned within the timescale for inclusion in this report.

We also spoke with 21 staff. Details of comments made by staff have been included throughout this report. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff were shared with the manager for their information and action as required.

We observed the serving of the lunch time meal in both nursing units. As discussed in section 6.4 an interim management plan for mealtimes had been implemented within the Maine Unit. Observations evidenced that further development of mealtime arrangements was required to ensure good practice in relation to the mealtime experience of patients and dementia care. For example, within Maine Unit noise levels were distracting to some patients who then displayed distressed reactions. It was also evident that not all staff were aware of how to manage such responses in keeping with best practice guidance relating to dementia care. An area for improvement, under the standards, was made. However, staff were observed offering and providing assistance and demonstrated their knowledge of the SALT definitions of food textures, consistency of fluids and feeding techniques. Nursing staff were observed supervising the serving of the meals to patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences; patient and staff interactions and the early morning routine.

Areas for improvement

Areas for improvement under the standards were highlighted in relation to promoting patient confidentiality; management of net pants and the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

The certificate of registration issued by RQIA and a current certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of records and observations confirmed that the home was operating within its registered categories of care.

Since the previous care inspection there has been a change in the management arrangements for the home. RQIA were notified of the changes as required and an application to register the manager has been received. Staff expressed confidence in the new management team.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the manager's working patterns supported effective communication and engagement. Staff were able to identify the person in charge of the home in the absence of the manager. The manager confirmed that he was supported in his role by a deputy manager, other home managers within the organisation and his senior managers including the responsible individual.

Review of the governance arrangements regarding complaints, accidents/incidents, notification of events to RQIA, staff training, registration of staff with NMC and NISCC evidenced that the processes were effective. Additional systems were in place to monitor the management of wounds, patients' weights and compliance with infection prevention and control practices.

We reviewed the reports from the unannounced visit undertaken on behalf of the registered provider. These visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. RQIA acknowledged that the governance systems, which include the Regulation 29 visits, had identified areas for improvement and that an action plan was under development to address these. Senior management agreed to provide RQIA with a copy of the action plan which would be completed following the inspection. This was received by email on 18 December 2017.

Discussions with staff confirmed that there were "good working relationships" and they were enthusiastic about the home and believed they were "making a difference."

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff expressed confidence in raising concerns about patient care with the nurse in charge and/or the registered manager if necessary. In discussion patients and relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

As discussed in section 6.4 discussion with the manager confirmed that he was aware of his role and responsibilities and that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. On day one of the inspection, three staff from the Adult Safeguarding Team (AST) from the Northern Health and Social Care Trust (NHSCT) met with the manager and RQIA to disclose safeguarding allegations made to the Trust. RQIA were satisfied that the home and the Trust would progress these matters under the adult safeguarding procedures and that RQIA would be kept informed of the outcome of any safeguarding investigations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance systems and processes relating to quality assurance and care delivery.

Areas for improvement

No new areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	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 Samuel Warren, Manager, and Gavin O'Hare-Connolly, Responsible Individual, 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>Area for improvement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that events affecting the health, safety and well-being of patients are communicated to management in a timely manner.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Daily management walkaround Sheets have been introduced to improve communication from each specific unit to the management team. 24 hour reports have been introduced to enable staff to communicate issues, incidents to the management team in a timely manner as an additional layer of governance. These are reviewed daily by the manager/assistant manager whom can then proactively investigate incidents and plan remedial actions. On call telephone support is available to staff out of hours.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2) (j)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that preventable malodours are managed appropriately and in a timely manner.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Deep cleaning rota/ schedule has been introduced so the home communal areas/bedrooms are deep cleaning in a systematic way which is recorded by the housekeepers. Cleaning products have also been reviewed in partnership with suppliers.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 12 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that all aids and equipment used in the home are fit for purpose and meet IPC requirements, specifically chairs, seat cushions and bed mattresses.</p> <p>An action plan with timescales shall be submitted to RQIA with the return of the QIP.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A full audit of chairs, cushions, wheelchairs is now in place on a monthly basis.</p> <p>Monthly mattress audit now in place to identify any equipment that requires replacing</p> <p>All hoists and associated equipment have now been moved out of bathrooms and are stored in separate areas away from bath/showering facilities.</p> <p>Requirements for seating, wheelchair cushions has been submitted to head office to facilitate replacement schedule planning.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that deficits identified in relation to infection prevention and control practices are addressed.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Hand Gel- a number of hand gel dispensers have been changed throughout the home to address this.</p> <p>Lounge adjacent to hairdressers room has been deep cleaned and chairs have been removed. Separate hairdressing room is in the home.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</p>	<p>The registered person shall ensure that if handover sheets are to be used by staff during handover meetings, that this practice is implemented consistently throughout the home and their use monitored in order to ensure effective compliance.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: These sheets are now in place and available to all staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2017</p>	<p>The registered person shall ensure there are adequate supplies of bed linen to meet the needs of the patients accommodated.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly audit of Bed linen put in place. Laundry staff will report to head of housekeeping when linen requires replacement. Monthly order will then be placed to ensure adequate stock control.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Net pants are available for individual residents. Weekly order to ensure adequate stock for replacement items.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2017</p>	<p>The registered person shall ensure that the information recorded on whiteboards is reviewed to ensure patient information is maintained confidentially.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The information on whiteboards has been removed and all information is recorded in the Handover sheets provided to staff at commencement of shift.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that the mealtime experience for all patients is reviewed in accordance with DHSSPS Care Standards for Nursing Homes; and best practice in relation to dementia care where appropriate.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The dining room has now been separated between 2 areas to ensure that there are a reduced number of residents and staff in each area to minimise noise levels, unnecessary distraction and improve the mealtime experience.</p> <p>Monthly audits of the mealtime experience are being completed to highlight areas for service improvement.</p> <p>Sessions of intensive dementia training have been made available for staff to attend within the home to enhance knowledge of the physical and psychological symptoms of Dementia and how to manage support residents sensory needs and to enhance personcentred mealtime experience.</p>



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