Unannounced Secondary Care Inspection

Name of Establishment:	**Rose Martha Court**
Establishment ID No:	**11107**
Date of Inspection:	**16 July 2014**
Inspector's Name:	**Sharon McKnight**
Inspection ID	**IN017200**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Rose Martha Court
Address:	30 Westbourne Avenue Ballymena BT43 5LW
Telephone Number:	(028) 2564 8165
E mail Address:	manager.rosemartha@kathrynhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mrs Linda Zaidi
Registered Manager:	Radan Mauremootoo (acting manager)
Person in Charge of the Home at the Time of Inspection:	Radan Mauremootoo
Categories of Care:	NH - DE, I, PH, PH(E), TI and MP(E) RC – I and RC - DE
Number of Registered Places:	100 beds Nursing care - maximum of 29 in category NH-DE Residential care - a maximum of 18 on the category RC-DE and 8 in category RC-I
Number of Patients Accommodated on Day of Inspection:	26 dementia nursing unit 32 general nursing unit 20 frail elderly residential 17 dementia residential unit Total 58 patients, 37 residents
Scale of Charges (per week):	£466.00 to £620.00
Date and Type of Previous Inspection:	26, 27 & 28 November 2013 Primary announced inspection
Date and Time of Inspection:	16 July 2014 09 40 – 18 40 hours
Name of Inspector:	Sharon McKnight

1.0 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.

1.1 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

1.2 METHODS/PROCESS

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

- Discussion with the acting manager
- discussion with the deputy manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection.

1.4 Consultation process

During the course of the inspection, the Inspector spoke to the following users of the service, carers, health and social care professionals and staff:

Patients and residents	**19 individually and with the majority generally**
Staff	**12**
Relatives	**4**
Visiting Professionals	**0**

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.

2.0 Profile of Service

Rose Martha Court is a registered nursing home situated in a housing development off the main Cullybackey Road out of Ballymena. The nursing home is owned and operated by Runwood Homes. The current manager, Ms Nicola Cullerton, was on extended leave at the time of the inspection. Mr Radan Mauremootoo, Director of Service Development with Runnwood Homes, was in day to day charge of the home supported by acting deputy manager Megan O'Neill.

Accommodation for patients/ residents is provided in four designated units throughout the home. On the ground floor there are two units, the residential dementia unit and the nursing dementia unit. The frail elderly nursing unit and residential unit are located on the first floor. All bedrooms are single rooms with en suite facilities. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided in each of the four units. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. An enclosed garden is situated at the side of the building and this can be accessed by patients / residents.

There is a life style café situated on the ground floor. The café provides tea and coffee making facilities for patients/residents and visitors.

The home is registered to provide care for patients/residents under the following categories:

<u>Nursing Care</u>

I	Old age not falling into any other category
DE	Dementia care – a maximum of 29 patients in this category
PH	Physical disability other than sensory impairment under 65
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

<u>Residential Care</u>

I	Old age not falling into any other category (maximum 8 residents) – a maximum of 8 residents in this category
DE	Dementia care – a maximum of 18 residents in this category

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Rose Martha Court. The inspection was undertaken by Sharon McKnight on 16 July 2014 from 09 40 to 18 40 hours.

The inspector was welcomed into the home by Mr Radan Mauremootoo, Director of service development, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mr Mauremootoo at the conclusion of the inspection. The inspector also met with acting deputy manager Megan O'Neill who provided the inspector with an update regarding nursing care.

The focus of this inspection was to review the progress made in addressing the requirement and recommendations made as a result of the previous inspection conducted on 26, 27 and 28 November 2013. There were seven requirements and nine recommendations as a result of the previous inspection.

Inspection findings

The inspector evidenced that four of the seven requirements had been fully complied with. Four of the nine recommendations had been fully complied with, four were assessed as not compliant and one has been escalated and restated as a requirement. Details can be viewed in the section immediately following this summary.

During the course of the inspection, the inspector met with patients/ residents, staff and visitors. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of a good standard.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to staffing, governance within the home, care records, the management of odours, management of complaints, variety of food and patients 'rights.

Therefore, a total of five requirements, three of which are stated for a second time have been made. Four recommendations have been made, two of which are stated for a second time. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector discussed the outcome of the inspection with the registered person Mr Logan Logeswaran during a telephone conversation on 18 July 2014. Concerns were expressed regarding the lack of progress with the requirements and recommendations which required to be actioned by the manager. Assurances were given that the currently acting manager would prioritise these issues.

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

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 14(2)(a)	It s required that the registered person shall ensure as far as is reasonably practicable that all parts of the home to which patients have access are free from hazards to their safety. The practice of using alarm mats on top of crash mattresses, for patients/residents who are mobile, must be reviewed to ensure this combination of equipment does not increase the patients/residents risk of falling.	The inspector discussed this requirement with the nurse/senior carer in charge of each unit. All staff spoken with confirmed that patients who were mobile were no longer supplied with a crash mat. If these patients were identified as at risk of falls an assessment was competed and, if appropriate, these patients were provided with an alarm mat. Staff explained that patients who were immobile and at risk of falling out of bed were provided with a crash mattress and alarm mat to alert staff if they had fallen out of bed on to the crash mat. The inspector undertook a tour of the home and observations of the provision of alarm mats and crash mats validated what staff had told the inspector. The inspector reviewed the care records of two patients who were assessed as high risk of falls. Care plans were in place for the management of alarm and crash mats.	Compliant

2	Regulation 19(1)(a), schedule 3, 3(k)	The registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.	The inspector reviewed the repositioning charts of four patients. The charts did not evidence that the patients were being repositioned as prescribed in their individual care plans. This requirement is assessed as not compliant and is stated for a second time.	Not compliant.
3	Regulation 16(1)	It is required that a written nursing care plan is prepared to identify how the patients are to be met. Each wound must have an individual care plan.	The inspector reviewed the wound records of four patients. Those patients who had multiple wounds had separate care plans in place for each wound.	Compliant
4	Regulation 13(1)(b)	The registered person shall ensure that the nursing home is conducted so as to make proper provision for the nursing and where appropriate, treatment and supervision of patients. It is required that the registered manager must ensure that prescribed dressing regimes are adhered to and that care records are maintained to evidence the delivery of prescribed care.	The inspector reviewed the care records of four patients in regard to wound management. Care records contained individual care plans and open wound assessments. Review of these records evidenced that prescribed dressing regimes were being administered as prescribed.	Compliant

5	Regulation 17(1)	It is required that the manager introduce a system of audit to ensure that care records meet regulatory and professional standards.	The deputy manager confirmed that an audit of care records was undertaken on 18 June 2014. Whilst the inspector noted an overall improvement in the standard of record keeping there was no evidence that a system of audit was in place to monitor compliance. This requirement is assessed as moving towards compliance and is stated for a second time.	Moving towards compliance.
6	Regulation 20(1)(a)	The manager must review staffing levels and the deployment of staff to ensure that there is sufficient staff to appropriately meet the needs of the patients. A protocol must be put in place to advise staff of how staffing throughout the home will be managed in the event of staff reporting sick at short notice. The protocol must include the options available to replace staff and the deployment of staff in the event that replacement staff cannot be found.	The current manager informed that inspector that staffing levels had recently been reviewed in response to patient need. Staffing is further discussed in section 6.1 of this report. There was no evidence available in the home on the day of inspection to evidence that a protocol was in place to advise staff of how staffing throughout the home would be managed in the event of staff reporting sick at short notice. This requirement is assessed as not compliant and is stated for a second occasion.	Not compliant.

7	Regulation 18(2)(c)	It is required that the provision of seating is reviewed to ensure that is a sufficient number of armchairs available, at all times, for the patients accommodated. Any chairs that are malodorous or stained must be adequately cleaned or replaced.	The inspector undertook a tour of the building and observed that there was sufficient number of chairs in the lounges throughout the home to accommodate the patients/residents. The inspector observed that the chairs in use had the appropriate cushions in place. The inspector did not observe any chairs which were malodorous or stained. From the observations made the inspector was satisfied that this requirement has been addressed.	Compliant.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.2	A record should be maintained of all checks and include the signature of the person carrying out the check. This recommendation was made in regard to emergency resuscitation equipment.	The inspector reviewed the record of daily checks on emergency equipment. Records were in place of the current checks being completed and the signature of the person completing them. Records did not evidenced that checks were being completed daily. Given that this recommendation has been stated on two previous inspections it is now restated as requirement.	Stated as a requirement.
2	25.13	It is recommended that when the annual report is completed for the period 2013/2014 a copy is provided to RQIA.	A copy of the annual report has not been received by RQIA.	Not compliant
3	10.7	It is recommended that the use of alarm mats is discussed with the patient, where appropriate, and if the patient is unable to give their consent then consultation with relatives and healthcare professionals, if required, in regard to best interest decisions for the patient, should be undertaken and records maintained of the outcome of these discussions	Care records contained evidence of the decision making process regarding the provision of alarm mats. The outcome for patients in regard to best interest decisions was clearly recorded.	Compliant

4	5.1	It is recommended that at the time of all patient's admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. It is further recommended that the practice of completing two pressure ulcer risk assessments is reviewed and consideration given to completing one assessment.	The inspector reviewed the records of two patients recently admitted to the home. Records evidenced that at the time of all patient's admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Care records contained one pressure risk assessment tool.	Compliant.
5	5.3	Repositioning charts should also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	The inspector reviewed the repositioning charts of four patients. The charts did not contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning. This recommendation is assessed as not compliant and is stated for a second time.	Not compliant
6	5.3	It is recommended that the frequency with which wounds require to be dressed is included in wound care plan.	The inspector reviewed the wound records of four patients. Care records contained the frequency with which the wounds required to be dressed.	Compliant
7	5.3	It is also recommended that an assessment of the wound is recorded following each dressing renewal.	Wound records reviewed included an assessment of the wound following each dressing change.	Compliant

8	11.7	It is recommended that the manager identifies a link nurse who should receive enhanced training and act as a support to the wider nurse team.	At the time of inspection a link nurse for wound care had not been appointed.	Not compliant.
9	17.4	The outcome of the issues identified by relatives during the inspection will be provided to RQIA as agreed with the manager and regional care director.	The inspector reviewed the record of complaints. There was no record of the complaints identified during the primary inspection in November 2013. RQIA did not receive any notification of the outcome of discussions with the relatives. Given that the initial timescale to action the recommendation was one month. The inspector discussed the issues raised with the acting responsible person on 18 July 2014. A revised timescale to address the issues of 4 August 2014 was agreed. The inspector can confirm that a response from the Director of Care Services confirming the action taken and that the issues and the action taken to resolve them, were now recorded in the complaints register. This recommendation is assessed as moving towards compliance and is stated for a second. The inspector will review the complaints record as part of a future inspection.	Not compliant.

4.1 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 on 26,27 and 28 November 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Rose Martha Court.

6.0 Additional Areas Examined

6.1 Staffing

The inspector discussed the staffing levels in the home with the Director of Care Services who confirmed that the following were the planned staffing levels for the home:

Dementia nursing unit: Maine suite – 29 beds.
Occupancy on the day of inspection was 26 patients.

The Director of Care Services informed the inspector that from 10 July 2014 it had been agreed that there would be 2 nurses rostered to work 08 00 to 20 00 hours.

08 00 – 14 00 2 nurses 4 care staff
14 00 – 20 00 2 nurses 3 care staff
20 00 – 08 00 1 nurse 2 care staff

The inspector reviewed the rota for Maine suite for the week of the inspection which was reflective of the planned staffing levels. However on discussion with staff the inspector identified that one staff nurse was working under perceptorship and, although rostered as the second nurse, was not fulfilling the role of a registered nurse.

Frail elderly general nursing unit: Slemish suite – 33 beds.
Occupancy on the day of inspection was 32 patients.

08 00 – 14 00 2 nurses 4 care staff
14 00 – 20 00 2 nurses 3 care staff
20 00 – 08 00 1 nurse 2 care staff

The inspector reviewed the rota for Slemish suite for the week of the inspection which was reflective of the planned staffing levels.

Frail elderly residential unit: Galgorm suite – 20 beds.
Occupancy on the day of inspection was 20 residents.

08 00 – 14 00 1 senior carer 2 care staff
14 00 – 20 00 1 senior carer 2 care staff
20 00 – 08 00 1 senior carer 1 care staff

The inspector reviewed the rota for the Galgorm suite for the week of the inspection which was reflective of the planned staffing levels.

Dementia residential unit: Braid suite – 18 beds.
Occupancy on the day of inspection was 17 residents.

08 00 – 14 00 1 senior carer 2 care staff
14 00 – 20 00 1 senior carer 2 care staff
20 00 – 08 00 1 senior carer 1care staff

The inspector reviewed the rota for Braid suite for the week of the inspection which was reflective of the planned staffing levels.

Review of the rotas and the dependency levels of patients/residents accommodated on the day of inspection evidenced that staffing within the residential units in the home was in keeping with RQIA Staffing Guidance for Residential Homes, June 2009.

However the skill mix of registered nurses to care staff in the dementia nursing unit was not achieving the 35/65 ratio recommended. The inspector also identified a deficit in care staff hours in the frail elderly, general nursing unit, given the dependency levels of the patients accommodated. The manager must take into account the dependency of the patients accommodated when reviewing the staffing levels.

Staff spoken with were generally satisfied that there were sufficient staff to allow them to meet the needs of the patients in a timely manner. The staff in the frail elderly nursing unit did express some dissatisfaction regarding the staffing allocation in this unit. These comments were shared with the Director of Care Services at the conclusion of the inspection. It was good to note that the Director of Care Services and the acting deputy manager were both aware of staff dissatisfaction and had been examining work practices to establish a way forward.

However, given the observations made following review of the rotas and the views of staff the previous requirement that the manager must review staffing levels and the deployment of staff to ensure that there is sufficient staff to appropriately meet the needs of the patients has been stated for a second time.

6.2 Meals and mealtimes

The inspector observed lunch being served in all of the units. Meals were served in the dining room of each unit, lounges or in patient's/residents bedrooms as was their choice. The meals were transported to each dining room in a heated trolley. During the meal care staff asked each patient/resident which dish they would like from the menu and the cook and catering staff served the meals. The cook was aware of who she was plating a meal for and adjusted the portion size to meet individual preferences.

The menu on the day of the inspection was a choice of sausages and champ or roast gammon with creamed potatoes. The dessert was chocolate sponge and custard. The meals were nicely presented and smelt appetising.

Observation confirmed that meals were served in suitable portion sizes, and presented in a way and in a consistency that met each patient's/resident's needs. Patients/residents requiring a meal pureed were served the meal in a manner that allowed different foods and flavours to be recognised.

Staff who met with the inspector during the inspection were knowledgeable regarding the individual dietary needs of patients/residents to include their likes and dislikes.

The inspector spoke with the majority of patients and residents during the serving of lunch and with one relative, who had knowledge of meals in the home, and confirmed that they were satisfied with the quality, quantity and presentation of meals.

The inspector reviewed the choice available for those patients/residents who required a modified diet. The menu for lunchtime clearly evidence that there was a choice of meal available for patients who required a pureed meal. The inspector examined the menu choice sheet which evidenced the a variety of meals were being served to these patients/residents.

The menu for teatime offered a choice of pureed meals however on closer examination the meals were often of a similar nature to those served at lunchtime. For example on 1 July 2014 a considerable number of patients in the nursing unit, who required a pureed meal, had mince, potatoes and gravy for lunch and gammon, potatoes and gravy for tea. On 14 July 2014 patients had steak casserole, potatoes and gravy for lunch and sausages, potatoes and gravy for tea. It is recommended that the menu for patients/residents who require modified consistency meals is reviewed to ensure that the meals served at lunch and evening tea offer a variety for those patients.

6.3 General environment

The inspector undertook a tour of the home and examined a number of patients'/residents' bedrooms, lounges, bathrooms and toilets at random. The atmosphere in the home was friendly and welcoming. The majority of patients'/residents' bedrooms were personalised with photographs, pictures and personal items. The home was appropriately heated throughout.

One bedroom was malodourous on the day of inspection. It is required that the management of odours in the identified bedroom is reviewed and action taken to eliminate and manage odours within the bedroom.

The inspector observed that 14 of the 18 bedrooms in the residential, dementia unit were locked. The inspector observed that one resident has access to their bedroom door key but the remaining residents were unable to access their bedrooms without staff. The values which underpin the DHSSPS Nursing Homes Minimum Standards, February 2008 include that patients' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home. It is therefore recommended that the restrictive practice of locking residents bedroom doors is reviewed to ensure that residents' have unrestricted access to their bedroom and personal belongings if, and when, they require.

6.4 Relatives views

The inspector spoke with the relatives of three patients who were visiting. Relatives spoken with were generally satisfied with the care delivery. Issues raised with the inspector were discussed with the acting manager who readily agreed to meet with the relatives and discuss the issues further.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Mauremootoo, 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:

Sharon McKnight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Rose Martha Court

16 July 2014

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 Mr Mauremootoo, 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	Regulation 19(1)(a), schedule 3, 3(k)	The registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation. **Ref section 4.**	Two	A named person system has been introduced whereby each nurse and CTM has been allocated a group of residents. They will review the care plans on a monthly basis and more regularly as the clients condition changes. The nurse/CTM on duty will review all charts daily to ensure that care delivery and repositioning charts are completed. The Home Managers audit is undertaken on a monthly bases and the care plan audit is part of that audit tool.	From the date of inspection.
2	Regulation 17(1)	It is required that the manager introduce a system of audit to ensure that care records meet regulatory and professional standards. **Ref section 4.**	Two	A new care plan audit tool has been introduced. The audits will be undertaken by the trained nurses/CTMs and the Deputy Manager. The findings and action plans for the care records will be monitored by the Home Manager	From the date of inspection.

3	Regulation 20(1)(a)	The manager must review staffing levels and the deployment of staff to ensure that there is sufficient staff to appropriately meet the needs of the patients. A protocol must be put in place to advise staff of how staffing throughout the home will be managed in the event of staff reporting sick at short notice. The protocol must include the options available to replace staff and the deployment of staff in the event that replacement staff cannot be found. **Ref section 4.**	Two	Resident dependency levels and staffing levels are checked monthly. Staffing levels are adjusted according to the dependency and number of the residents in the home. A protocol has been put in place to advise staff what action is to be taken should staff ring in sick and replacements cannot be found.	From the date of inspection.
4	Regulation 12(2)(b)	The manager must ensure that equipment in the nursing home is properly maintained and in good working order. It is required that the emergency equipment with the home is check daily and records maintained to evidence that daily checks are completed. **Ref section 4**	One	The Manager signs off the maintenance records. The maintenance man has an equipment log which indicates when equipment is due for servicing. In addition there is a maintenance book where staff record equipment that is broken or not working properly. This is reviewed daily by the maintenance man when he is on duty. Emergency equipment within the home is check daily and records are maintained to evidence this.	From the date of inspection.

5	Regulation 18(2)(j)	One bedroom was malodourous on the day of inspection. It is required that the management of odours in the identified bedroom is reviewed and action taken to eliminate and manage odours within the bedroom. **Ref section 6, 6.3**	One	The room identified has been deep cleaned. In addition we have purchased a product that eliminates the proteins in urine. Cleaning staff have been reminded to report to the Houskeeper that there are problems with odour when they occur. The manager signs the cleaning schedules and the head of housekeeping would report any issues or concerns.	From the day of inspection.

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	5.3	Repositioning charts should also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning. **Ref section 4.**	Two	Training for care staff to have the skills to inspect the skin condition of residents and to be aware of how to identify potential pressure ulcer development to be arranged. EPUAP pressure ulcer prevention and treatment, NICE Pressure ulcer: prevention and Management of pressure ulcers and SCALE skin changes at life's end are in place as a resource to enable the carers and nurses to identify and manage concerns. A resource file is currently being developed to provide further guidance for staff.	From the date of inspection.
2	25.13	It is recommended that when the annual report is completed for the period 2013/2014 a copy is provided to RQIA. **Ref section 4.**	Two	Annual report completed	17 October 2014
3	17.4	The outcome of the issues identified by relatives during the inspection will be provided to RQIA as agreed with the manager and regional care director.	Two	Raden Mauremootoo Director of Service Development,sent this report to RQIA on 4.8.14.	4 August 2014.

		Ref section 4.			
4	12.3	It is recommended that the menu for patients who required modified consistency meals is reviewed to ensure that the meals served at lunch and evening tea offer a variety for those patients. **Ref section 6, 6.2**	One	The menus have been reviewed and the evening meals for patients who require modified consistancy meals are now offered a modified version of the evening menu.	From the date of inspection
5	1.1	It is recommended that the restrictive practice of locking residents bedroom doors is reviewed to ensure that patients' have unrestricted access to their bedroom and personal belongings if, and when, they require. **Ref section 6, 6.3**	One	Historically relatives expressed concern that items were going missing from residents rooms and keys were made available to residents. However, these were subsequently lost. We will reviewing the practice of locking doors and will consult with residents, family members and care team managers. The care plan will reflect the decision making, risk assessments and consents will be obtained where required.	From the date on inspection.

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	Sheila Harvey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Sharon McKnight	14-11-14
Further information requested from provider			