



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Rose Martha Court</b>
<b>RQIA Number:</b>	<b>11107</b>
<b>Date of Inspection:</b>	<b>18 March 2015</b>
<b>Inspectors' Name:</b>	<b>Lyn Buckley, Karen Scarlett and Sharon McKnight</b>
<b>Inspection ID:</b>	<b>IN021385</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of establishment:</b>	Rose Martha Court
<b>Address:</b>	30 Westbourne Avenue Ballymena BT43 5LW
<b>Telephone number:</b>	02825648165
<b>Email address:</b>	<a href="mailto:manager.rosemartha@runwoodhomes.co.uk">manager.rosemartha@runwoodhomes.co.uk</a>
<b>Registered organisation/ Registered provider/Responsible individual:</b>	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
<b>Registered manager:</b>	Mr Emerson Kupfuwa, acting manager and director of operational services
<b>Person in charge of the home at the time of inspection:</b>	At the commencement of inspection and as recorded on duty rota: Registered Nurse M Rowley.  Mr Emerson Kupfuwa, was in charge from 10:45 hours.
<b>Categories of care:</b>	NH – I, PH, PH(E), DE (max 29) and TI RC - I (max 20) and DE (max 18)
<b>Number of registered places:</b>	100
<b>Number of patients/residents accommodated on day of inspection:</b>	81
<b>Date and type of previous inspection:</b>	4 February 2015 Unannounced care inspection
<b>Date and time of inspection:</b>	18 March 2015 10:30 – 16:30 hours
<b>Name of Inspectors:</b>	Lyn Buckley, Karen Scarlett and Sharon McKnight

## **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 inspection on 4 February 2015 had identified a number of issues with the management arrangements for the home, the deployment of staff to meet the needs of the patients and the completion of repositioning charts. As a result the responsible individual and representatives of Runwood Homes Ltd were invited to attend a serious concerns meeting at RQIA on 11 February 2015. During the serious concerns meeting the responsible individual gave assurances to RQIA that the identified issues would be addressed in a timely manner and compliance would be achieved. Given these assurances RQIA agreed to a further period of time to allow the responsible individual to progress the action plan and to embed the improvements into practice. It was agreed that a follow-up inspection to assess progress would be undertaken.

Since the previous inspection issues have continued to be shared by the NHSTC regarding the management of outstanding safeguarding of vulnerable adults (SOVA) incidents and the care of patients in the home. Therefore 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 Methods/Process**

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

- discussion with the acting manager/director of operations and care services
- discussion with the director of care services
- discussion with the designated registered nurse in charge
- discussion with staff
- review of a sample of staff duty rotas
- review of records pertaining to staff induction and competency assessments
- review of a sample of nursing care records
- consultation with patients, staff and others (service users will be referred to as patients within this report)
- observation during an inspection of the premises
- evaluation and feedback.

#### **5.0 Inspection Focus**

This unannounced inspection was carried out to assess the level of compliance with the requirements and recommendations made at the previous inspection on 4 February 2015 and the progress of the home in addressing previously identified issues.

The inspectors have 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Rose Martha Court is a registered nursing home situated in a housing development off the main Cullybackey Road in Ballymena. The nursing home is owned and operated by Runwood Homes Ltd. Mr Nadarajah (Logan) Logeswaran, managing director, is the registered responsible individual for the home. Mr Emerson Kupfuwa, director of operational service was appointed as the acting manager on 3 March 2015.

Accommodation for patients is provided in four designated units. On the ground floor there are two units, the residential dementia unit (Braid) and the nursing dementia unit (Maine). The general nursing unit (Slemish) and the general residential unit (Galgorm) 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 facilities including 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.

An enclosed garden is situated at the back of the building and this can be accessed by patients via the ground floor units or the café located in the main foyer. The life style café provides tea and coffee making facilities for patients and visitors.

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

### Nursing Care (NH)

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

### Residential Care (RC)

I	old age not falling into any other category – a maximum of 20 residents in this category
DE	dementia care – a maximum of 18 residents in this category

## 7.0 Executive Summary

This unannounced inspection of Rose Martha Court was undertaken by Lyn Buckley, Karen Scarlett and Sharon McKnight on 18 March 2015 between 10:30 and 16:30 hours. The inspection was facilitated by the acting manager, Mr Emerson Kupfuwa supported by the director of care services, Ms Robinson. Both were available for verbal feedback at the conclusion of the inspection.

During the course of the inspection patients, relatives, a visiting professional and staff on duty were spoken with. Care practices were observed, a selection of records examined and a review of the home's environment was also undertaken.

As a result of the previous care inspection eight requirements and three recommendations were made. These were reviewed during the inspection. Six requirements were assessed as not compliant. One requirement was assessed as compliant and one has been carried forward until the next inspection.

Of the three recommendations made one was compliant and two were not compliant.

This inspection evidenced ongoing concerns in relation to the identity of the nurse in charge of the home in the absence of the registered manager, the deployment of staff and the completion of repositioning charts. These matters had been raised at previous inspections and at a meeting held at RQIA, as detailed in section 3.0 of the report. Urgent findings in relation to the nurse in charge in the absence of the registered manager were issued for a second time following this inspection.

The current duty rota did not specify in which unit staff were working. A recommendation has been made that the duty rota should accurately reflect where each staff member is working and that each unit has its own duty rota to avoid confusion.

An examination of the care records evidenced that improvement was required in the recording of the patients' skin condition and the calculation of individual fluid intake targets. A recommendation has been made in regard to each of these.

An inspection of the premises evidenced that staff areas, treatment rooms and stores were cluttered and in a poor state of repair. A recommendation regarding this has been stated for a second time.

Although improvements were noted in the mealtime experience, particularly in the nursing dementia unit, a recommendation has been made that the deployment of staff at mealtimes is reviewed to ensure that all patients receive appropriate assistance. Furthermore, it is recommended that the serving of mid-morning and mid-afternoon snacks are reviewed to maximise opportunities for fluid and nutritional intake. A recommendation has also been made that the actual meal eaten is recorded for each patient.

Details of these issues can be found in sections 8.0 and 9.0 of the report.

The findings of this latest inspection could not evidence that sufficient progress had been made in addressing the previous requirements. The outcomes were discussed with senior management in RQIA. Consideration was given to escalating the enforcement procedures. Having examined the evidence, a decision was made to invite the responsible individual of Runwood Homes Ltd to a meeting at RQIA on 26 March 2015 with the intention of issuing

three Failure to Comply Notices. Following discussion with representatives of Runwood Homes Ltd., RQIA decided to issue three Failure to Comply Notices, two in respect of staffing under Regulation 20 (1) (a) and 20 (3) and one in relation to records under Regulation 19 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005.

In addition, as a result of this inspection two requirements, one restated for a third and final time, have been made and one requirement has been carried forward until the next inspection. Eight recommendations have also been made.

The inspectors would like to thank the patients, relatives, visiting professionals, management and staff for their assistance and co-operation throughout the inspection process.



## 8.0 Inspection findings

### 8.1 Follow-Up on previous issues raised during the unannounced care inspection on 4 February 2015.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20 (3)	The registered person/manager must ensure that any registered nurse designated to take charge of the home, in the absence of the home manager, is deemed competent and capable to do so.	<p>Staff still could not identify who was in charge of the home. This had been a concern at the previous inspection.</p> <p>The agency registered nurse denoted on the duty rota as being the nurse in charge of the home, was unaware of her role and during discussion clearly indicated that she was not in charge as this was her second shift in the home.</p> <p>Review of the records and discussion with the acting manager evidenced that competency and capability assessments for registered nurses delegated the role of the nurse in charge of the home in the absence of the manager had still not been undertaken.</p> <p>A registered nurse, within their perceptorship period, was still delegated the role of the nurse in charge of the home in the absence of the manager and still had not completed an induction.</p>	<b>Not compliant</b>

			<p>The records of three registered nurses designated on the staff duty rota as the nurse in charge of the home in the absence of the manager were reviewed. These evidenced that assessment of competency and capability for this role had not been completed.</p> <p>Insufficient progress had been made in addressing this requirement and RQIA issued an urgent findings letter. RQIA had previously issued an urgent finding letter at the inspection on 4 February 2015 regarding this.</p> <p><b>Following discussion with senior management at RQIA, this requirement has been subsumed into a failure to comply notice issued on 27 March 2015.</b></p>	
2	19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.</p>	<p>Repositioning charts were not accurately and consistently recorded despite assurances from management that action had been taken to address this issue.</p> <p><b>Following discussion with senior management at RQIA, this requirement has been subsumed into a failure to comply notice issued on 27 March 2015.</b></p>	<b>Not compliant</b>

3	20 (1) (a)	<p>The registered person/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.</p>	<p>On observing care practices it was evident that the current management arrangements in the home still did not support the delivery of safe and effective care to patients.</p> <p>The applicant registered manager had left the home leaving both the registered manager and deputy manager positions vacant.</p> <p>Staffing in the home at night was still exclusively covered by registered nurses employed from an agency.</p> <p>The absence of experienced permanent registered nurses in the home had reduced the skill mix resulting in an overreliance on junior staff, who lack the required skills, and on agency staff which contributed to the overall lack of continuity of care, leadership within the units and the ability to meet the needs of patients' in a timely manner.</p> <p><b>Following discussion with senior management at RQIA, this requirement has been subsumed into a failure to comply notice issued on 27 March 2015.</b></p>	<b>Not compliant</b>
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4	17 (1)	It is required that the registered person/manager introduce a system of audit to ensure that care records meet regulatory and professional standards.	<p>Discussion with the acting manager confirmed that a system of auditing care records had not been implemented.</p> <p>Following discussions with senior management at RQIA it was agreed that this requirement would be stated for a third and final time.</p>	<b>Not compliant</b>
5	12 (1)	The responsible individual must ensure that the individual needs of patients are met in a timely manner and in accordance with best practice guidance.	<p>On observing care practices it was evident that the individual needs of the patients were not being met in a timely manner.</p> <p><b>Following discussions with senior management at RQIA it was agreed that this requirement would be subsumed into a failure to comply notice in relation to Regulation 20 (1) (a) of The Nursing Home Regulations (Northern Ireland) 2005.</b></p> <p>Refer to the inspection findings for requirement 3 above.</p>	<b>Not compliant</b>

6	18 (2) (j)	<p>The responsible individual must ensure that the nursing home is free from offensive odours.</p>	<p>Management of malodours was evidenced to have improved since the previous inspection.</p> <p>The malodour was no longer detectable within the residential dementia unit.</p> <p>Following discussion with management and observations within the unit, RQIA were satisfied that arrangements were in place to address specified malodours within the nursing dementia unit.</p>	<b>Compliant</b>
7	16	<p>The responsible individual must ensure that a nursing plan is prepared by a registered nurse as to how a patient's needs, in respect of their health and welfare, are to be met and that the plan is kept under review.</p>	<p>Not examined at this inspection.</p>	<b>Carried forward until next inspection</b>
8	12 (2) (b)	<p>The manager must ensure that equipment in the nursing home is properly maintained and in good working order.</p> <p>It is required that the emergency equipment with the home is checked daily and records maintained to evidence that daily checks are completed.</p>	<p>Observations of equipment stored in treatment and storage rooms, including emergency equipment evidenced that this requirement had not been addressed.</p> <p>Refer to section 10.3 for details.</p> <p>This requirement has been stated for a second time.</p>	<b>Not compliant</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	5.3	<p>Repositioning charts should also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Management should consider the layout of the form in relation to the skin inspection; how and when checks should be carried out in conjunction with advice from specialist tissue viability nurse specialists.</p>	<p>No progress had been made regarding the completion of repositioning charts.</p> <p><b>Following discussions with RQIA senior management it was agreed that this recommendation would be subsumed into a failure to comply notice in relation to Regulation 19 (1) (a) of The Nursing Home Regulations (Northern Ireland) 2005.</b></p>	<b>Not compliant</b>
2	12.3	<p>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.</p>	<p>Discussion with the cook manager and review of menus evidenced those patients requiring a modified diet were offered a choice for each meal and that the menu had been reviewed in 2014.</p> <p>However, the recording of the meal chosen and eaten was not evident. A further recommendation has been made in this regard.</p>	<b>Compliant</b>
3	35	<p>Staff areas should be kept tidy and organised.</p>	<p>Observation evidenced little or no improvement.</p> <p>Refer to section 10.3</p> <p>This recommendation has been stated for a second time.</p>	<b>Not Compliant</b>

## **8.2 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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since a previous inspection in July 2014, RQIA had been notified by the home and the NHSCT of incident investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. In January 2015 the NHSCT raised concerns with the home and RQIA regarding the lack of progress in completing the investigations.

During this inspection, discussion with management confirmed that the acting manager had attended a meeting with the NHSCT's safeguarding team to discuss the progress in relation to outstanding investigations and the action required to address them. The acting manager informed the inspectors that agreement had been reached with the NHSCT to progress the outstanding investigations.

The NHSCT's safeguarding team are managing the SOVA issues under the regional adult protection policy and procedures and liaising directly with the homes management. The director of operational services confirmed to RQIA that the home had voluntarily agreed not to admit any new patients until all outstanding incident investigations were completed.

While RQIA are not part of the investigatory process RQIA have been kept informed at all stages of the investigations by the Trust and will attend multi agency strategy meetings as deemed appropriate. NHSCT continue to advise RQIA of any concerns they have in relation to care within Rose Martha Court.

## **9.0 Patient and relative comments**

The inspectors spoke with the majority of patients individually and with others in groups. Patients were generally positive about the staff and the care provided and raised no complaints. However, one patient in Slemish unit stated that most staff were polite, but not all, and that they had to wait for assistance to the toilet at times.

Three relatives spoken with were generally positive about the care provided and the staff. One relative had raised concerns with the home manager in the past and was of the opinion that things were now improving.

One visiting professional stated that, in their experience, the care plans were not always updated to reflect the needs of the patients. They further stated that, although staff were friendly and helpful, there was no consistency in the staff on the floor and it could be difficult to find a nurse who knew the patients well.

## **9.1 Staff comments**

The inspectors spoke with nine members of staff individually or in groups. Staff in Maine commented on the recent improvements made in this unit. No concerns were raised. Staff in Slemish reported that they were often “short staffed” and “running behind”. They were of the opinion that many of the patients were very dependent and needed a lot of attention to meet their needs. They also raised concerns that a different nurse could be on duty each day and issues raised regarding patients were, therefore, not always promptly addressed.

## **10.0 Additional areas inspected**

### **10.1 Staff duty rotas**

Previously the home had operated with four duty rotas; one for each of the four units. Review of the duty rota for week beginning Sunday 15 March 2015 revealed that one duty rota was in place for the whole home. However, apart from indicating which registered nurse (RN) was in charge of the home in the absence of the manager, there was no indication of who was working in each unit. Management should consider managing the duty rota for each unit separately to avoid confusion, particularly when staff are required to work in a different unit from the one in which they usually work. This was discussed with the acting manager during feedback. A recommendation has been made in this regard.

### **10.2 Care charts**

It was noted that within repositioning charts an “X” was being recorded to indicate the condition of the skin. According to the chart the ‘X’ denotes ‘poor’. One patient’s chart had an ‘X’ recorded under skin inspection and staff stated this meant the patient had a pressure ulcer, yet for another patient it meant they had a ‘red area.’ A recommendation has been made that staff should record skin condition in accordance with EUPAP grading guidelines. The lack of evidence to support the timely delivery of care to patients requiring repositioning could seriously impact on



individual patients and has the potential for nursing staff to fail in the management of pressure area care and pressure ulcers.

It was further noted that fluid intake charts were not being accurately or consistently recorded. Food and fluid charts observed at 13:30 hours had no entries for the day. In addition, fluid targets recorded were unrealistic, for example, one frail patient's target was set at 2,199mls in 24 hours. A further recommendation has been made that fluid targets are reviewed to ensure that targets are individualised, realistic and achievable.

### **10.3 Treatment rooms and storage of equipment**

The treatment room in Slemish Suite was observed to be in a poor state of repair, storage of supplies and equipment was disorganised and equipment such as suction machines was found to be dusty. Staff areas were still found to be untidy and cluttered. In Maine Suite the store adjacent to the first lounge was unlocked and it contained a variety of equipment and items such as nutritional supplements, wheelchairs, maintenance equipment and boxes of archived patient records. A recommendation has been made that patient records, including archived records, should be maintained in a safe and confidential manner. A previous requirement and recommendation regarding storage and emergency equipment have each been stated for a second time.

### **10.4 Mealtime experience**

The improvements made to the management of the mealtime experience, particularly in the nursing dementia unit, were acknowledged. However, observations in both nursing units evidenced that further review was required. For example, it was observed that up to four care assistants were trying to serve from the heated trolley at the same time; with patients already served left at the tables without any assistance. A recommendation has been made that management consider the role and deployment of the staff during meal times.

Observations evidenced that patients were not offered a mid-morning snack and choice of drink. The provision of snacks was discussed with the cook manager who confirmed that mid-morning snacks had been stopped as patients were not getting their breakfast until later and the food sent out was being returned to the kitchen as waste. A recommendation has been made that management review the serving of snacks mid-morning and mid-afternoon, and any requested by the patient, to ensure all opportunities to encourage nutritional and fluid intake is achieved in accordance with the regional nutritional guidance and good practice in dementia care.

Discussion with the cook manager and review of menus evidenced those patients requiring a modified diet were offered a choice for each meal and that the menu had been reviewed in 2014. However, the recording of the meal chosen and eaten was not evident. A further recommendation has been made that the recording of menu choice provides details to enable any person reviewing the record to determine the meal chosen and /or eaten.

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr E Kupfuwa and Ms Robinson, 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:

**Lyn Buckley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Unannounced Care Inspection

Rose Martha Court

18 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 Mr E Kupfuwa and Ms Robinson during 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.	17 (1)	<p>It is required that the registered person/manager introduce a system of audit to ensure that care records meet regulatory and professional standards.</p> <p><b>Ref: section 8.0</b></p>	Following discussion with senior management at RQIA this requirement has been stated for the third and final time	Monthly at least 10% of care plans are audited by the Care home manager	29 April 2015
2.	12 (2) (b)	<p>The manager must ensure that equipment in the nursing home is properly maintained and in good working order.</p> <p>It is required that the emergency equipment with the home is checked daily and records maintained to evidence that daily checks are completed.</p> <p><b>Ref: section 10.3</b></p>	Two	<ul style="list-style-type: none"> <li>- There is a checklist in situ that must be completed by nurses to encompass all medical equipment - any shortcomings to be reported to the HM.</li> <li>- The MM has a schedule of safety checks that are completed monthly.</li> <li>- Care staff are recording on a daily basis checks on pressure relieving equipment.</li> <li>- New first aid kits are in place on each suite and checks on these rae included in the nurses check list as detailed above.</li> <li>- All Oxygen stored appropriately</li> </ul>	29 April 2015

				- New nebuliser and new suction machine ordered for the home.	
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3.	16	<p>The responsible individual must ensure that a nursing plan is prepared by a registered nurse as to how a patient's needs, in respect of their health and welfare, are to be met and that the plan is kept under review.</p> <p>Carried forward from previous inspection  <b>Ref: section 8.0</b></p>	One	<ul style="list-style-type: none"> <li>- For residents on the nursing suites, their care plans are formulated, reviewed and updated by nurses, on the residential suite their care plans are formulated, reviewed and updated by the senior carers.</li> <li>- The care staff assist the nurses and seniors by noting detail that may change and alerting the person in charge of the unit of such detail.</li> </ul>	29 April 2015
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<b>Recommendations</b>					
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.	35	Staff areas should be kept tidy and organised.  <b>Ref: section 8.0</b>	Two	- All care offices have been organised to look more professional, the spaces are small.	29 April 2015
2.	30.7	The duty rota should reflect in which unit staff are working, enabling anyone reading or reviewing the rota to ascertain the staffing levels for each unit.  <b>Ref: section 10.1</b>	One	- The duty rota reflects where staff are scheduled to work and details the nurse in charge of the home.	29 April 2015
3.	11.4	Staff should record the condition/status of a patient's pressure areas using the EUPAP grading guidelines to define their observations.  <b>Ref: section 10.2</b>	One	- Care staff are checking pressure areas whilst providing personal care, if they note any changes to a persons skin, this is recorded to the nurses and written by the carer in the carer to nurse communication book. - Carers are checking pressure areas for residents who remain in bed that are unable to re-position themselves and recording any changes on the re-position chart, they are then recording findings in the carer to nurses communication book	29 April 2015

4.	5.3	<p>Fluid targets should be reviewed for each patient to ensure these are individualised, realistic and achievable.</p> <p><b>Ref: section 10.2</b></p>	One	<p>Fluid targets are calculated using the NI guidance for food and fluid for patients in nursing homes. This states that 1200mls of fluid per day should maintain adequate hydration. This is the target that will be used in the home going forward. During the GP yearly review hydration will be monitored.</p>	29 April 2015
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5.	27.6	<p>Patient records, including archived records, should be maintained in a safe and confidential manner.</p> <p><b>Ref: section 10.3</b></p>	One	All archiving is stored appropriately, safely and secured.	29 April 2015
6.	12.10	<p>Management should review the role and deployment of the staff during meal times.</p> <p><b>Ref: section 10.4</b></p>	One	There are protected mealtimes in place and staff are being deployed to ensure that all staff are available to ensure that residents are assisted with their meals appropriately.	29 April 2015
7.	12.5	<p>Management should review the serving of snacks mid-morning and mid-afternoon, and any requested by the patient, to ensure all opportunities to encourage nutritional intake and fluid intake is achieved in accordance with the regional nutritional guidance and good practice in dementia care.</p> <p><b>Ref: section 10.4</b></p>	One	<p>There is a mid morning trolley that has been introduced to increase snacks and fluid intake.</p> <p>- there are additional snacks included on the trolley for soft diets, including yogurt, rice pudding and custard.</p>	29 April 2015
8.	12.3	<p>The recording of menu choice should provide details to enable any person reviewing the record to determine the meal chosen and /or eaten.</p> <p><b>Ref: section 10.4</b></p>	One	Staff have been requested to ensure that the type of food that a resident eats is recorded and the amount eaten.	29 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Emerson Kupfuwa
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Logan Logeswaran

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Lyn Buckley	21/05/15
Further information requested from provider			