

# Unannounced Care Inspection Report 15 January 2018



## St James Lodge Care Home

Type of Service: Nursing Home (NH)  
Address: 15-17 Coleraine Road, Ballymoney, BT53 6BP  
Tel No: 028 2766 8212  
Inspector: Michael Lavelle

[www.rqia.org.uk](http://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 for up to 44 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> St James Lodge Limited  <b>Responsible Individual:</b> Francis Donal McKenna	<b>Registered Manager:</b> Bronagh Barker
<b>Person in charge at the time of inspection:</b> Bronagh Barker	<b>Date manager registered:</b> 4 October 2013
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 44 comprising: 20 – NH-DE 21 – NH-I 3 – NH-PH  The home must not admit any patients into bedrooms 40, 41, and 42 until a full assessment of their nursing needs (including mobility) has been undertaken and the specified bedrooms are deemed suitable to meet their assessed needs.

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 09:15 to 17:35 hours.

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 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.

Evidence of good practice was found in relation to adult safeguarding, the home's environment, risk assessment and communication between residents, staff and other key stakeholder's, management of accidents and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control, staff training, regulation 29 monthly monitoring visits, patient care records and menus.

Patients 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.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*4

Details of the Quality Improvement Plan (QIP) were discussed with Bronagh Barker, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

\*The total number of areas for improvement includes one area for improvement under regulation which has been stated for a second time and one area for improvement under the care standards which has been stated for a second time.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 December 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 December 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 patients, eight staff, and six patients' visitors/representatives. 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 week commencing 8 January 2018 to 21 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and selection files; including induction records
- four patient care records
- a selection of patient care charts including food and fluid intake charts and repositioning charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly unannounced 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 person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 11 December 2017**

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 December 2017.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

**6.2 Review of areas for improvement from the last care inspection dated 15 September 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> <li>• The provision of a robust process which ensures that all cleaning agents are managed effectively,</li> <li>• That hand washing practices which are in keeping with best practice standards are embedded into practice,</li> <li>• That PPE is used correctly, appropriately stored and fit for purpose.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of cleaning agents and discussion with staff evidenced that they were signed and dated and prepared as per manufacturer’s guidance.</p> <p>Discussion with staff evidenced a high knowledge of hand hygiene practices in keeping with best practice standards.</p> <p>PPE was stored appropriately and fit for purpose, however two staff were not wearing appropriate PPE while cleaning. On discussion they did not have the required knowledge embedded into practice. Review of training records evidenced that they had not attended infection prevention and control training in at least two years.</p> <p>This area for improvement is now stated for a second time.</p>	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time	The registered persons shall ensure that staff supervision and appraisals are undertaken in accordance legislative and best practice requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a selection of staff supervisions and appraisals evidenced these were completed regularly and in accordance with best practice requirements.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered persons shall ensure that risk assessments are undertaken/reviewed in a timely manner, and updated in response to the changing needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of four care plans evidenced that risk assessments are undertaken and reviewed in a timely manner and updated accordingly.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of four care plans evidenced that two of these did not accurately reflect the needs of the patients and were not kept under regular review and updated in response to the changing needs of the patient.  This area for improvement is now stated for a second time.	



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a selection of supplementary care records evidenced the majority of these were well completed. One repositioning chart had deficits noted on it however when the electronic record was checked there were no deficits noted. The registered manager agreed they would revise the arrangement of dual recording to avoid any ambiguity.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41.8</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records of all staff meetings should be maintained.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of records and discussion with the registered manager evidenced that staff meetings were held at least quarterly and the minutes were retained.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure attention to personal care is undertaken at all times.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations of patients during the inspection and review of records evidenced patients personal care was undertaken in accordance with their assessed needs.</p>		



## 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 registered 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 for week commencing 8 January 2018 to 15 January 2018 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that most had no concerns regarding staffing levels. One patient stated the home could do with some more care assistants. However, the inspector was unable to validate any staff deficit on the day of the inspection. In addition, observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

Staff recruitment and selection 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.

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. Review of the staff supervision and appraisal planner evidenced these were completed regularly and in accordance with best practice requirements. Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met.

Discussion with the registered manager and review of training records evidenced that they had a system in place to ensure staff attended mandatory training. However the review of the training records evidenced a number of staff had not attended infection prevention and control training in at least two years. This was discussed with the registered manager and identified as an area for improvement under the regulations. Discussion with these staff demonstrated a level of knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, deficits in their knowledge base were noted. For example, they were not aware of the importance of wearing gloves and aprons when performing their cleaning duties. This was discussed with the registered manager and had been identified as an area for improvement at the inspection of 15 September 2017. This area for improvement has been stated for a second time in the quality improvement plan (QIP) of this report.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager has completed Volunteer Now adult safeguarding training has been identified as the safeguarding champion.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and decorated to a very high standard. It was fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter although two armchairs were causing an obstruction of one fire exit on the ground floor. This was brought to the attention of the registered manager who arranged for their removal. Discussion with the manager evidenced that a fire drill is carried out at least annually in the home. However there is no system in place to ensure each member of staff participate in a fire drill annually. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Infection prevention and control measures were generally well adhered to and equipment was appropriately stored. However and as previously discussed, two housekeeping staff were observed not to be wearing appropriate personal protective equipment (PPE). This was discussed with the registered manager and an area for improvement under the regulations is stated for a second time. Further discussion with housekeeping staff evidenced no retention of a cleaning schedule. This was discussed with the registered manager and identified as an area for improvement under the care standards. There were a significant number of extractor fans in the home that did not appear to be cleaned. The registered manager was unsure if these were on a cleaning schedule but agreed to address this deficit.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, adult safeguarding and the home's environment.

## Areas for improvement

The following areas were identified for improvement in relation to mandatory training, fire safety and cleaning arrangements. An area for improvement in relation to infection prevention and control is stated for a second time.

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

### 6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

For the most part care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, one care plan was not fully completed following a recent admission to the home. A further care plan evidenced gaps in review from July 2017. This was discussed with the registered manager and had been identified as an area for improvement at the inspection of 15 September 2017. This area for improvement has been stated for a second time in the quality improvement plan (QIP) of this report.

A selection of supplementary care charts were reviewed including repositioning and food and fluid intake records. These evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. One hand written repositioning chart had deficits noted on it, however when cross referenced with the electronic record there were no deficits identified. The registered manager agreed to revise the arrangement of dual recording to avoid any ambiguity.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Review of a completed handover template developed by the registered manager evidenced a robust system to document and communicates to the nurse in charge and registered manager between shifts.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner’s (GP), SALT, dietician, TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patients’ records.

Discussion with the registered manager confirmed that staff meetings were held on at least a quarterly basis and records were maintained. The next staff meeting is planned for March 2018. Staff confirmed that staff meeting were held every few months and that the minutes were made available.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between residents, staff and other key stakeholders.

**Areas for improvement**

An area for improvement in relation to care planning is stated for a second time..

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

**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.**

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. 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. Inspection of patient’s bedrooms evidenced that they were highly personalised.

Discussion with the registered manager confirmed there was a patient activities leader (PAL) in the home at least three times per week who was responsible for the provision of activities in the home. The registered manager would also arrange some alternative activities. Notice boards within the home evidenced some planned activities including singing and a quiz. A quiz organised by the PAL was observed. One relative and 11 patient's took part. The PAL was very enthusiastic and engaged in a meaningful way with patients. Patients appeared to enjoy the experience and there was a high level of participation.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were readily available. Lunch consisted of two main courses; it reflected the planned meal as identified in the weekly menu planner. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal. No menu was available for patients during or prior to lunch. This was discussed with the cook who stated patients would request their lunch the evening before. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Eight staff members were consulted to determine their views on the quality of care within St James' Lodge. A poster was given to the manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

- "I have been here three years and I love it. The patients are great."
- "The teamwork here is excellent."
- "The patients want for nothing. They are very well cared for."

11 patients consulted were very complimentary and some commented as follows:

- “They look after you well here.”
- “It is lovely.”
- “The staff are fantastic.”
- “It’s a good home.”
- “This place has never lost its new smell.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Six relatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- “It’s out of this world.”
- “Nothing is any trouble for them. They are great.”
- “It’s a fantastic place.”
- “I am very impressed with the care here.”
- “I feel my opinions are taken on board.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

The following area identified for improvement was in relation to the displaying of the daily menu.

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

**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.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and

responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records evidenced that the home was operating within its registered categories of care.

Staff confirmed that they had access to the home's policies and procedures.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that monthly monitoring visits, although completed, were not in sufficient detail to give an assurance that actions were taken to address deficits identified. This was discussed with the registered manager during feedback of inspection findings. Post inspection discussion was also held with the external consultant who is responsible for the report and they have confirmed that a review of the monitoring report template would be undertaken to ensure it records the issues raised, timeframes required and subsequent outcomes of validation. The registered persons should refer to guidance as to the areas to be included in a monthly monitoring report, available on RQIA's website. This has been identified as an area for improvement under the regulations.



Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of and incidents and maintaining good working relationships.

## Areas for improvement

The following area identified for improvement was in relation to monthly quality monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Bronagh Barker, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically:</p> <ul style="list-style-type: none"> <li>• That PPE is used correctly.</li> </ul> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All domestic staff have had further updated training re infection control. The importance of wearing appropriate PPE whilst carrying out their duties has been reinforced. This is being monitored daily by the nurse in charge of each unit and checks carried out by Nurse Manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall ensure all employees attend mandatory training and other training appropriate to the work they are to perform.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All employees have been fully retrained in infection control and COSHH.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2018</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Meeting held with external consultant who carries out regulation 29 visits. Request made for a more detailed report incorporating an action plan. This will be monitored and reviewed if necessary.</p>
<h3>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</h3>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b></p>	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

With immediate effect	Staff meeting held and staff spoken to re the importance of keeping care plans and assessments fully up to date reiterated. Care plan audits carried out by nurse manager and will be ongoing to manage same.
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all staff participate in a fire evacuation drill at least once a year and records maintained.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Fire evacuation drill will be scheduled to ensure all staff take part in one annually. Weekly fire drill checks continue on a weekly basis.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure there is an established system to assure compliance with best practice in infection prevention and control within the home. This is made with specific reference to development and maintenance of a cleaning schedule.</p> <p>Ref: Section 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> daily cleaning schedule records have been devised for domestic staff to document daily routines. These are available on request.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 February 2018</p>	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: Section 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The daily menu is displayed on notice boards in dining rooms showing choices available on that day. This is checked daily by nurse in charge or the unit and nurse manager. Relatives have been informed via Relatives information screen that the full menu is available to view on request.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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