



Unannounced Care Inspection Report

26 June 2018



Brooklands Healthcare Antrim

Type of Service: Nursing Home (NH)
Address: Nursing Unit, 50 Bush Road, Antrim, BT41 2QB
Tel No: 028 9446 0444
Inspector: James Lavery

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 18 persons.

3.0 Service details

Organisation/Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Therese Elizabeth Conway	Registered Manager: See Below
Person in charge at the time of inspection: Upon arrival, Staff Nurse Patricia Gorges was the nurse in charge. The Manager then arrived and greeted the inspector at 08.10 hours.	Date manager registered: Mrs Sharon McCreary was appointed as the new manager on 4 May 2018 – registration pending.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 18

4.0 Inspection summary

An unannounced inspection took place on 26 June 2018 from 07.00 to 15.20 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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 27 February 2018 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 the management of staff, wound care for patients and the management of restrictive practices.

Three areas for improvement under regulation were identified in relation to early morning care delivery to patients, compliance with Control of Substances Hazardous to Health (COSHH) regulations and the dining experience of patients.

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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Sharon McCreary, manager and Claire Coen, quality support manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 27 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2018. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with six patients, two patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- four patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

The findings of the inspection were provided to the manager and quality support manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure the following in relation to patients receiving nutritional care: <ul style="list-style-type: none"> • that all relevant care plans contain comprehensive and consistent information in regards to care and treatment of the patient • that the assessed needs of the patient are communicated consistently and accurately with all staff/departments as required • that staff adhere at all times to recommendations from the multidisciplinary team • that supplementary records relating to the patient's oral intake are completed in an accurate, consistent and comprehensive manner • that the patient is provided with any necessary assistance and/or encouragement with meals in a timely manner 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and catering staff alongside review of care records confirmed that this area for improvement was met in full. While patients who were dining within their bedrooms were assisted in a timely manner with their meals, shortfalls were noted in regards to the timely assistance of patients within the dining room. This is referenced further in section 6.6.	
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure the following in relation to patients who are at risk of developing pressure ulcers: <ul style="list-style-type: none"> • that all relevant care plans contain comprehensive and consistent information in regards to care and treatment of the patient • that the assessed needs of the patient are communicated consistently and accurately with all staff, as required 	Met

	<p>Action taken as confirmed during the inspection: Review of care records and discussion with the manager and nursing staff confirmed that this area for improvement was met in full.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 35 Stated: Second time</p>	<p>The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the morning handover meeting and discussion with nursing/care staff confirmed that staff communicated effectively with one another in relation to the assessed needs of patients and ongoing care delivery.</p>	
<p>Area for improvement 2 Ref: Standard 5 Stated: Second time</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment confirmed that appropriate signage was in use throughout the home. The manager further confirmed that written consent was obtained from patients and/or their relatives whenever decisions regarding bedroom signage were being made.</p>	
<p>Area for improvement 3 Ref: Standard 35 Stated: Second time</p>	<p>The registered person should ensure that a robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, relating to care records and nutritional care.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of governance records relating to the auditing of care records and nutritional care confirmed that that these had been carried out in a robust and effective manner.</p>	

Area for improvement 4 Ref: Standard 44 Stated: First time	The registered person shall ensure that patients have effective access to the nurse call system at all times. When patients lack the physical and/or mental capacity to independently use the nurse call system, appropriate risk assessments and care planning should be in place within their care record which clearly states this and evidences how this need is addressed.	Met
	Action taken as confirmed during the inspection: Observation of the environment, discussion with the manager/nursing staff and review of care records evidenced that patients had effective access to the nurse call system. In instances where the patient was assessed as being unable to use the nurse call system, appropriate care plans and risk assessments were in place and kept under meaningful review by nursing staff.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The manager advised that from 11 to 24 June 2018 there was one occasion when planned staffing levels were not adhered to due to staff sickness. Discussion with patients, patients' relatives and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. The manager stated that several staff had attended 'Train the trainer' courses so that they could then disseminate their learning to other staff. This included areas such as: dementia awareness, first aid and moving and handling. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager also evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager confirmed that an 'adult safeguarding champion' (ASC) was identified for the home and that she completed a 'monthly safeguarding report' which was used to help identify any significant trends/patterns. The manager confirmed that there were no ongoing safeguarding issues within the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Current RQIA guidance relating to statutory notifications was discussed with the manager in order to ensure that unnecessary notifications would be avoided.

A review of the care record for one patient evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, specifically a pressure mat. Care records also confirmed that written consent had been obtained prior to the restrictive practice being implemented and also evidenced appropriate collaboration with the patient's next of kin. Relevant care plans were in place which reflected this process. This standard of practice is commended.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of nursing and care staff on a monthly basis. There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted however that while some patients' bedrooms had window blinds, these did not offer effective shade during the morning of the inspection. This was highlighted to the manager who agreed to review the identified bedrooms and ensure that patients' preferences and assessed needs are effectively met in this regard. Observation of the hairdressing salon, which was found to be unlocked also highlighted that a half filled drinking bottle was left unattended which had a significant quantity of blue mould on the inside. This presented a risk to patients and was highlighted to the manager. The need to ensure that all foodstuffs are appropriately managed/disposed of by staff at all times was emphasised. The manager immediately removed the item from the hairdressing salon.

Some deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted, namely: care staff were observed transporting breakfast equipment from the main kitchen to the dining area via Brooklands residential service which is located within the same building. It was further observed that care staff moved between these two services several times throughout the serving of breakfast without effective hand washing being carried out. Care staff who were spoken with informed the inspector that patients' lunch and evening meals were transported directly to the dining area, while avoiding the residential service. This inconsistent practice was highlighted to the manager and it was agreed that no meals would be transported to patients via the residential service in order to ensure that effective IPC standards were maintained. The need to ensure that all staff also adhere to effective hand washing practices at all times was emphasised. The auditing of hand washing practices within the home is discussed in section 6.7. These findings were also shared with RQIA care inspector for the residential service following the inspection.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals. This was discussed with the manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager and COSHH regulations were observed to be adhered to throughout the duration of the inspection. An area for improvement under regulation was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. While observation of staff on the day of inspection evidenced that they adhered to safe fire practices, discussion with one member of staff highlighted an inadequate knowledge of access/egress codes for one designated emergency stairwell. The need to ensure that all staff are aware of such codes in the event of an emergency was stressed.

Systems were in place to monitor the incidents of Healthcare Acquired Infections (HCAI's) and the manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks. However, it was noted that the 'monthly infection' audit was not subject to any form of analysis by the manager. It was recommended that the findings of this audit should be regularly reviewed to identify any significant trends/patterns. Review of care records in relation to HCAI's is discussed in the next section of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding and the notification of incidents.

Areas for improvement

An area for improvement under regulation was identified in relation to compliance with COSHH regulations.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with staff and the manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Observation of the morning handover meeting confirmed that this method of communication provided staff with the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager. While staff spoke positively about working within the home, one staff member spoken with did express concerns in relation to the early morning routine within the home stating that some patients were not washed and dressed in compliance with their individualised care needs. Upon arrival to the home, the inspector was advised by the nurse in charge that three patients had been assisted with personal care and were no longer in bed. Observation of these three patients confirmed that they did not appear to be distressed and were content to no longer be in bed. However, the nurse in charge then identified four patients whom night staff had assisted with getting washed and dressed, before leaving the patients to remain in bed while still wearing their day clothes. Observation of these four patients highlighted that they were all asleep despite their bedroom curtains/blinds remaining open which helped create a bright environment not conducive to sleep. Discussion with the nurse in charge confirmed that these patients had received such care from as early as 05.00 onwards in order to assist the incoming day shift rather than in accordance with the patients' assessed needs/preferences. This practice was immediately highlighted to the manager upon her arrival to the home and the need to ensure that all routines within the home are person centred, specifically, assisting patients with washing and dressing each morning, was stressed. It was further agreed that all morning interventions should be clearly and consistently evidenced within the nursing record. An area for improvement under regulation was made. Following the inspection, the manager confirmed that an urgent communication was issued to all staff re-iterating that no patients should be assisted with washing and dressing prior to 07.00 hours unless requested by the patient and/or their next of kin, when appropriate, and also appropriately documented within relevant care plans. In addition, the manager also advised that a daily audit of those patients who do request such early morning assistance was commenced and is completed by the nurse in charge. This audit will then be reviewed weekly by the manager. The manager informed the inspector that senior management would be commencing unannounced early morning visits to the home on a monthly basis in addition to scheduling an urgent nursing staff meeting on 4 July 2018 to discuss the issue.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of the care record for one patient who required a modified diet evidenced that relevant risk assessments and care plans were in place which accurately and comprehensively described the patient's nutritional requirements. These dietary needs were also referenced regularly within daily nursing entries and supplementary food/fluid intake records maintained by both nursing and care staff were found to be consistent with one another. Such practice is commended.

Discussion with nursing staff confirmed that there were no patients within the home who required wound care on the day of inspection. Review of the care record for one patient who was assessed as being at risk of developing pressure wounds due to physical frailty were reviewed. It was noted that an appropriate and detailed care plan was in place which outlined the measures required by staff to promote the patient's skin integrity. It was also found that such interventions were accurately cross referenced within another care plan. The patient's various pressure areas were found to be assessed on a regular basis and these staff observations were recorded electronically by care staff on a regular basis. This practice is commended. While the patient's care plans correctly referenced the use of a pressure relieving mattress, observation of the mattress being used by the patient highlighted that its settings were incorrect based upon the patient's current weight. The need to ensure that all such mattresses are monitored in an effective manner to ensure that settings remain correct for individual patients' comfort and well-being was stressed. It was encouraging to see that staff had also ensured that the patient had use of a pressure relieving cushion in a communal lounge, after being assisted from bed, in accordance with their assessed needs and prescribed care.

Discussion with the manager confirmed that the incidence of HCAI's within the home was monitored on a monthly basis (see section 6.4). Review of the care record for one patient recently treated with antibiotic therapy for a respiratory tract infection evidenced that a relevant care plan had been updated to reflect this treatment. However, it was noted that although the antibiotic course had been completed the care plan had not been updated to reflect this. The need to ensure that such care plans are appropriately updated upon completion of such courses of treatment was highlighted.

Observations of patients throughout the inspection evidenced that they appeared to be suitably attired while seated in various communal areas and appeared comfortable in their surroundings. However, it was noted that one patient had been assisted to the dining room for breakfast without having their hair brushed by staff. This was brought to the attention of nursing staff who instructed care staff to provide such assistance. Care staff then brushed the patient's hair while they were seated within the dining room awaiting breakfast. These shortfalls were discussed with the manager and it was agreed that nursing/care staff must ensure that patients' personal care needs are met in a thorough, timely and dignified manner at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication.

Areas for improvement

An area for improvement under regulation was made in regards to early morning care delivery to patients.

	Regulations	Standards
Total number of areas for improvement	1	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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

"I'm one of the family."

"It's great here."

"I love Sharon [manager] to bits."

One patient and their relative did state that they had requested the manager to review access to the home's Wi-Fi service and were awaiting feedback. This was brought to the manager's attention who agreed to address the matter as quickly as possible.

Feedback received from one patient's relative included the following comment:

"I couldn't complain at all."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

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.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the breakfast time meal within the main dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. However, several deficits were noted in regards to the dining experience of patients. For instance, care staff were observed moving between the residential and nursing services without employing effective hand washing before serving patients their breakfast (this is discussed further in section 6.4). It was also observed that the deployment of staff throughout the serving of breakfast resulted in only one care staff member having primary responsibility for serving all patients within the dining room. It was noted that several patients had to wait between

25 and 45 minutes within the dining room for their breakfast to be served. In addition, not all tables at which patients were seated for breakfast had been appropriately set. A wall mounted blackboard used to display the breakfast menu was also difficult to read. These shortfalls were discussed with the manager and an area for improvement under regulation was made. Following the inspection, the manager advised the inspector that the morning allocation of staff throughout breakfast had been reviewed and that a minimum of two care staff now assist patients who choose to eat breakfast within the dining room. The manager further confirmed that the use of menus for patients was under review and that senior management planned to audit the dining experience of patients in order to address the weaknesses identified within this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

Areas for improvement

An area for improvement under regulation was identified in relation to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	1	0

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 manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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.

We discussed the process of the manager's registration with the manager who confirmed that it was her intention to proceed with the application to become registered with RQIA.

The manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis. The manager stated that the regional manager was currently in the process of reviewing all of the home's policies/procedures and that staff could access these electronically. These policies were not reviewed during this inspection.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. Monthly monitoring reports for 8 May 2018 and 22 June 2018 were reviewed and found to contain comprehensive actions plans which clearly outlined a range of corrective actions with corresponding staff responsible and measurable timescales for completion.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. Governance audits which focused on issues such as, falls, wounds, the use of restrictive practices and IPC. Review of the environmental / hand washing audit which was conducted on 13 May 2018 highlighted that although deficits were found with regards to hand washing facilities being offered to patients prior to meals, no corresponding action plan had been developed to address this. This was discussed with the manager and it was agreed that this audit should contain a robust action plan which clearly evidences actions taken to address identified deficits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits/reports.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon McCreary, manager and Claire Coen, quality support 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>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals/substances are stored in keeping with COSHH regulations.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • A supervision was completed with all domestic staff and care assistants regarding appropriate storage of all substances hazardous to health. • Home manager completes weekly spotchecks of the home to monitor same. • COSHH e-learning module to be reviewed and completed by all domestic staff.
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all that all staff practices/routines within the home are patient centred, specifically, assisting patients each morning with washing and dressing, and are in keeping with expressed preferences and/or assessed needs. All such interventions should be clearly and consistently evidenced within the nursing record and demonstrate collaboration with patients' relatives/representatives, as appropriate.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • An urgent supervision was completed with all staff to reiterate that no patient should be washed and dressed prior to 7am unless this has been explicitly expressed by the patient and/or NOK and accurately careplanned to reflect same. • A daily audit of early risers is completed by the Nurse-in-Charge and this is audited weekly by the Home Manager to ensure that all relevant careplans are in place and up-to-date. • Monthly unannounced early morning spotchecks are also completed by Senior Management to ensure that correct protocols are being followed.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> • patients will be served their meals in a timely manner once assisted to the dining area • a suitable menu will be available throughout all meal times for patients within the dining area • dining tables will be appropriately set when being used by patients <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • Morning allocation sheets have been reviewed to clearly state that all care staff must report to the dining room at 0930 to assist with breakfast- 1 care assistant will serve breakfast to those patients who choose to remain in their rooms and 2 care assistants will assist patients in the dining room. • Kitchen staff and management are reviewing a more meaningful way of displaying menus. • Management have implemented a robust audit of the dining experience and continue to action points raised. • A supervision was completed with all kitchen staff regarding appropriate table settings for all meals. Management are also sourcing new tablecloths/centrepieces etc to optimise the dining experience for patients.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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