Unannounced Care Inspection Report
27 February 2018

Brooklands

Type of Service: Nursing Home (NH)
Address: 50 Bush Road, Antrim BT41 2QB
Tel No: 028 9446 0444
Inspector: James Laverty
Lay assessor: Clare Higgins

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 Limited **Responsible Individual:** Therese Elizabeth Conway	**Registered Manager:** see box below
Person in charge at the time of inspection: Claire Coen	**Date manager registered:** Claire Coen – Acting – No application required
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 comprising: NH-I, NH-PH, NH-PH(E), NH-TI

4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 09.05 to 18.00 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 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 promoting a culture of teamwork within the home, staff awareness relating to adult safeguarding and monitoring the professional registration of staff.

Two areas for improvement under regulation were identified in relation to care delivery, specifically, nutritional care and managing patients at risk of developing pressure ulcers.

Three areas for improvement under the standards were restated in relation to interior signage, communication between staff and governance processes relating to quality assurance and service delivery.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	2	*4

The total number of areas for improvement includes three under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Claire Coen, manager, and Jane Bell, regional 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 3 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 January 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector and lay assessor met with five patients and four staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. 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 displayed.

The following records were examined during the inspection:

- duty rota for all staff from 9 February to 1 March 2018
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents/incidents, restraint and wounds
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. 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 14 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 12 (1) (a) (b) (c) **Stated:** First time	The registered provider must ensure that all patients requiring barrier nursing receive such care in adherence with best practice standards and guidance. Robust arrangements must also be in place so as to ensure that all staff are made aware of the need for such precautions at all times.	**Met**
	Action taken as confirmed during the inspection: Although there were no patients requiring to be barrier nursed within the home during the inspection, discussion with both the manager and nursing/care staff confirmed that an established approach to the provision of barrier nursing was in place and understood by staff on duty.	
Area for improvement 2 **Ref:** Regulation 21 (1) (a) (b) **Stated:** First time	The registered provider must ensure that effective processes are in place at all times to ensure that the registration status of registered nurses employed within the home is monitored effectively.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of governance records confirmed that there were effective processes in place to ensure that the registration status of registered nurses employed within the home was monitored effectively.	

Area for improvement 3 **Ref:** Regulation 21 (1) (a) (b) **Stated:** First time	The registered provider must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.	
	Action taken as confirmed during the inspection: Discussion with the manager and review of governance records confirmed that staff were not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 had been met.	**Met**
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 46 **Stated:** First time	The registered persons shall ensure that the infection prevention and control (IPC) issues identified during this inspection are managed to minimise the risk and spread of infection.	
	Action taken as confirmed during the inspection: Review of the environment confirmed that the IPC issues identified during the previous care inspection had been satisfactorily addressed. Discussion with staff and observation of staff practices confirmed that IPC best practice standards were embedded into practice. Isolated IPC issues identified during this inspection were appropriately managed before conclusion of the inspection.	**Met**
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time	The registered person should ensure that where restraint or restrictive practices are being employed by staff, relevant care plans and risk assessments which evidence that the intervention is necessary and proportionate, should be in use and regularly reviewed. Patient consent and/or evidence of best interest procedures should also be recorded in patient's care records.	**Met**

	Action taken as confirmed during the inspection: Review of care and governance records evidenced that where restraint or restrictive practices were employed by staff, relevant care plans and risk assessments which evidenced that the intervention was necessary and proportionate, were in use and regularly reviewed. Patient consent and/or evidence of best interest procedures was also recorded in patient's care records, where applicable.	
Area for improvement 3 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff, specifically during 'handover' meetings	**Not met**
	Action taken as confirmed during the inspection: Review of a handover sheet used by nursing and care staff highlighted deficits which could negatively impact effective communication between staff in regards to the provision of patient care. This shortfall is discussed further in section 6.5. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 **Ref**: Standard 5 **Stated:** First time	The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients.	**Not met**
	Action taken as confirmed during the inspection: Review of the internal environment highlighted that a number of patient bedrooms lacked person centred signage which would promote the orientation and individuality of patients. Discussion with the manager and regional manager further evidenced that although discussions with patients regarding such signage had occurred, no written record of this engagement had been made. This deficit is referenced further in section 6.6. This area for improvement has not been met and has been stated for a second time.	

Area for improvement 5 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that the menu offers a suitable choice of snacks to patients on therapeutic diets at all times. This should include those snacks offered during mid-morning and mid-afternoon periods.	**Met**
	Action taken as confirmed during the inspection: Observation of the mid-morning and mid-afternoon 'tea trolley' alongside discussion with patients and staff confirmed that the menu offered a suitable choice of snacks to patients requiring therapeutic diets.	
Area for improvement 6 **Ref**: Standard 35 **Stated:** First time	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 restraint management.	**Partially met**
	Action taken as confirmed during the inspection: Review of governance records confirmed that a monthly audit of the use of restraint and/or restrictive practices was conducted robustly. However, discussion with the manager and further review of governance records highlighted that care record and nutritional care audits were either incomplete and/or conducted irregularly. This is discussed further in section 6.7. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 7 **Ref**: Standard 35 **Stated:** First time	The registered persons should ensure that attendee signatures are obtained in respect of all meetings.	**Met**
	Action taken as confirmed during the inspection: Review of governance records relating to staff meetings demonstrated that attendee signatures were obtained in respect of all meetings.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure 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. A review of the staffing rotas from 9 February to 1 March 2018 evidenced that there were two occasions when planned staffing levels were not adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the manager further confirmed 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. All staff who were spoken with expressed satisfaction with the level of support they received from the manager.

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. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager further confirmed that an 'adult safeguarding champion' was identified for 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. However, it was highlighted to the manager that six notifications had been submitted to RQIA unnecessarily since the previous care inspection. The manager was encouraged to ensure that notifications were submitted in accordance with current RQIA guidance regarding the statutory notification of incidents.

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 staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training in relation to fire safety was embedded into practice. 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. Weaknesses with regards to interior signage for patients will be discussed further in section 6.6.

Deficits with regards to staff delivering care in compliance with infection prevention and control best practice standards and guidance were noted, namely, three instances of un-laminated signage, a wall cabinet door within one sluice which was observed to be detached and the protective covering of one patient hoist which was found to be frayed and torn. These shortfalls were highlighted to the manager and regional manager who confirmed that remedial work to address these shortfalls had been completed before completion of the inspection.

Observation of the environment also highlighted that six patient bedrooms and two communal areas lacked the provision of nurse call leads. This was highlighted to the manager and it was stressed that patients must have effective access to the nurse call system, as appropriate. Discussion with the manager and regional manager further confirmed that care records for patients, who lack the mental and/or physical capacity to use nurse call leads, did not contain relevant assessments and/or care plans to address this need. This was discussed with the manager and an area for improvement under the standards was made. Following this discussion the regional manager confirmed that nurse call leads were in place within the areas identified on inspection.

Although a designated smoking area was available on a first floor patio area, it was observed that the area lacked any form of shelter for patients. This was discussed with the manager and it was recommended that whenever designated smoking areas are located outside, they should offer patients an appropriate degree of comfort and shelter in accordance with current RQIA guidance. Both the manager and regional manager stated that they would consider this advice further and review existing provisions for patients who may wish to smoke outside.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

Areas for improvement

An area for improvement under the standards was identified in relation to the nurse call system.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, their colleagues and with other healthcare professionals. 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 and they were encouraged to contribute to the handover meeting. However, review of a handover sheet, which staff use to highlight significant and ongoing needs of patients, found that the information it contained lacked sufficient detail and was potentially confusing. This was discussed with the manager and an area for improvement under the standards was stated for a second time.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home. Observation of the environment highlighted a written communication to staff advising that they should work alongside staff within the adjacent residential home (the Donegore unit) during the night to ensure that patients' needs were met in a timely manner. This directive was discussed with both the manager and regional manager and while it was agreed that patients' needs should be addressed without unnecessary delay, it was stressed that staffing levels within both homes should be managed separately at all times in order to ensure that they reflect the assessed needs and dependencies of the patients. One staff member spoken with stated "…staff is shared across the units … typically one to two hours at a time." The manager removed the written communication to staff before the conclusion of the inspection. This information was shared with the RQIA residential team following the inspection and will be reviewed during future inspections.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. 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.

Weaknesses were identified in relation to the nutritional care of patients. Review of care records for one patient who was assessed as being at high risk of malnutrition evidenced that the relevant care plan was inaccurate and contradictory. Discussion with nursing, care and kitchen staff further highlighted that communication between staff/departments with regards to the patient's nutritional needs was inadequate. Also, review of supplementary nutritional records demonstrated that staff had not adhered to SALT recommendations and that staff were completing the supplementary record inaccurately. Discussion with staff and a review of supplementary records further confirmed that the patient's oral intake was recorded inconsistently in three different places. It was further noted that the aforementioned staff hand over sheet made insufficient reference to the patient's current nutritional needs.

Observation of a second patient who was served lunch within their bedroom highlighted that staff did not offer necessary assistance and/or encouragement in a timely manner. These deficits were discussed with the manager and an area for improvement under regulation was made. Governance processes in regards to the nutritional care of patients is discussed further in section 6.7.

Deficits were also identified in regards to the management of patients at risk of developing pressure ulcers. Review of care records for one patient who was assessed as being at high risk of developing pressure ulcers highlighted that the relevant care plan lacked sufficient detail in regards to the patient's required repositioning schedule. Discussion with staff also evidenced that there was an inconsistent and contradictory understanding as to how often the patient should be repositioned. The staff handover sheet also provided no information in regards to the patient's required pressure area care. These weaknesses were discussed with the manager and an area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

Areas for improvement

Two areas for improvement under regulation were identified in relation to the delivery of care. An area for improvement under the standards was stated for a second time in regards to staff communication.

	Regulations	Standards
Total number of areas for improvement	2	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. Patients were afforded choice, privacy, dignity and respect. All patients were very 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 manner which promotes the social, emotional, spiritual and psychological wellbeing of patients. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

"I couldn't be happier. I didn't like the last home I was in, but the staff here are great - the carers and nurses. Even the cleaners."
"Staff provide a first class service... Everything is as handy as it can be for me."
"I feel safe here. They all know me"

"The staff are quite good at checking if I need anything. They give me food and drinks and all that I need."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives 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. All 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.

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

Deficits were observed in relation to the lack of appropriate signage within the home, namely several patients' bedroom doors lacked personalised signage which could promote the orientation and individuality of patients. This was highlighted to the manager and regional manager who confirmed that while discussions had taken place with patients and/or patients' relatives in relation to their preferred choice regarding bedroom signage, no record of such discussions had been made. An area for improvement under standards was stated for a second time.

Observation of the lunch time meal evidenced that the dining area used was clean, tidy and appropriately spacious for patients and staff. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. The kitchen manager was also observed speaking with care staff during lunch to ensure that all patients were satisfied with their meal. The delivery of such person centred care is commended. All patients appeared content and relaxed during the provision of the lunch time meal. The need to ensure that patient's receive timely assistance and/or encouragement with their meals is discussed in section 6.5.

Areas of good practice

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

Areas for improvement

An area for improvement under the standards in relation to interior signage was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	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. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

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

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

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

Discussion with the manager and review of the home's complaints records evidenced that an effective complaints process was in place. Patients' relatives 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.

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.

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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed by the manager in accordance with best practice guidance in relation to accidents/incidents, care records, restraint and nutrition. Restraint audits were completed on a monthly basis by the manager and noted to be accurate and robust.

Review of care record audits evidenced that they had not been carried out consistently, with the most recent audit having been completed in November 2017. This particular audit was also found to be incomplete. Discussion with the manager further highlighted that the system for auditing the provision of nutritional care lacked any formal structure and was therefore ineffective. These deficits were highlighted to the manager and an area for improvement under the standards was stated for a second time.

Discussion with the manager and a review of records evidenced that an up to date fire risk assessment was in place.

Governance records also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

A review of records further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available. It was also noted that LOLER and servicing records were not routinely reviewed by the manager. The regional manager confirmed that monthly checks of these records by the manager would be commencing with immediate effect.

Discussion with the manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staff meetings and fire safety.

Areas for improvement

An area for improvement under the standards was stated for a second time in relation to governance processes which focus on the delivery of care and service delivery.

	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 Claire Coen, manager, and Jane Bell, regional 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	
Area for improvement 1 **Ref**: Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 27 March 2018	The registered person shall ensure the following in relation to patients receiving nutritional care: • 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. Ref: Section 6.5
	Response by registered person detailing the actions taken: All nutritional care plans have been reviewed to ensure that they are comprehensive and information is consistent. A communication book was introduced and this is used to highlight changes in relation to dietary requirements. A document detailing an overview of the residents dietary requirements was provided to the kitchen and is reviewed on a monthly basis. Staff supervision has been completed to ensure staff respond in a timely manner to residents dietary needs and provide timely assistance and contemporaneously record keeping on the epicare system.
Area for improvement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 27 March 2018	The registered person shall ensure the following in relation to patients who are at risk of developing pressure ulcers: • 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. Ref: Section 6.5
	Response by registered person detailing the actions taken: Relevant risk assessments and care plans continue to be reviewed monthly by the residents named nurse. A robust governance system has been implemented to ensure regular care file audits by senior management.
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1	The registered person shall ensure that robust processes are in place

Ref: Standard 35 **Stated:** Second time	to ensure that effective communication is achieved between staff, specifically during 'handover' meetings. Ref: Sections 6.2 and 6.5
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** A review of the handover documentation was undertaken and consideration was given to its content to ensure it was reflective of residents needs. A communication book was also introduced to elaborate further upon any significant changes in a residents condition. Staff sign to acknowledge their understanding. A supervision was completed with nursing staff detailing the importance of an effective handover at shift change to ensure all relevant information is relayed.

Area for improvement 2 **Ref**: Standard 5 **Stated:** Second time **To be completed by:** 27 March 2018	The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients. Ref: Sections 6.2 and 6.6
	Response by registered person detailing the actions taken: A consultation process is underway and a document developed to evidence discussion (held at the point of admission) to determine the residents wishes in relation to individual signage. This was also completed for all current residents residing within the nursing unit to determine preferences.
Area for improvement 3 **Ref**: Standard 35 **Stated:** Second time **To be completed by:** 27 March 2018	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. Ref: Sections 6.2 and 6.7
	Response by registered person detailing the actions taken: A review of auditing systems was undertaken by the regional manager and the home manager and a formatted nutritional audit introduced. A care file audit document was created and systems have been implemented to ensure regular review of individual care records by senior management staff.
Area for improvement 4 **Ref**: Standard 44 **Stated:** First time **To be completed by:** 27 March 2018	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. Ref: Section 6.4
	Response by registered person detailing the actions taken: An audit of risk assessment and care planning in relation to resident use of the nurse call system was undertaken and findings highlighted to the nursing staff for action. This will continue to be reviewed on monthly basis as part of managements care file auditing to ensure residents have access to staffs assistance as required.

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

The Regulation and Quality Improvement Authority

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