# Unannounced Care Inspection Report
# 25 April 2016

# Culmore Manor Care Centre

**Address: 39 Culmore Road, Londonderry BT48 8JB**
**Tel No: 02871359302**
**Inspector: Aveen Donnelly**

## 1.0 Summary

An unannounced inspection of Culmore Manor took place on 25 April 2016 from 09.30 to 17.15 hours. The inspection sought to assess progress with any issues raised during and since the previous inspection, and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

**Is care safe?**

There was evidence of safe recruitment and selection processes and staff confirmed that they felt well supported to develop their knowledge and skill through regular supervision and appraisals. Staff, were knowledgeable in regards to their specific roles and responsibilities in relation to Adult Safeguarding. However, recommendations were made to ensure that training is provided to staff who have, the responsibility of undertaking supervision and appraisals; and personal safety risk assessments are reviewed to ensure that the level assistance required by each patient, in the event of an emergency, is included. Compliance with these recommendations will further drive improvement in this domain.

**Is care effective?**

There was good evidence that communication was well maintained with patients and their representatives. There was also evidence of good record keeping, in regards to the completion of patient risk assessments and care planning, with the exception of the completion of pain assessments. This matter had been raised previously and there was no evidence that improvement had been made since the last inspection. One requirement has been stated in this domain.

**Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and patients' representatives praised staff and a number of positive comments are included in the report. No areas for improvement were identified during the inspection.

**Is the service well led?**

Although areas for improvement were identified in the safe and effective domains and two recommendations that were previously stated had not been met, there was evidence of good governance and monitoring arrangements in the home. Two recommendations have been stated in regards to the further development of the accident/incident audit, to ensure that there is follow up on identified patterns and trends; and infection prevention and control audits which should evidently be followed up on, to ensure that deficits are identified; Compliance with the recommendations stated will further drive improvements in the identified areas.

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.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
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| **Total number of requirements and recommendations made at this inspection** | 1 | 5 |

The total number of recommendations above includes one recommendation that has been stated for the second time. A recommendation that had previously been stated two times had also not been met, this is now stated as a requirement.

Details of the QIP within this report were discussed with the registered 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection, dated 30 October 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action was not required following this inspection.

The complaints and safeguarding records provided evidence of incidents. A review of the records confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

## 2.0 Service details

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| **Registered organisation/registered person:**<br>Larchwood Care Homes (NI) Ltd<br>Christopher Walsh | **Registered manager:**<br>Ciaran Burke |
| **Person in charge of the home at the time of inspection:**<br>Ciaran Burke | **Date manager registered:**<br>28 December 2012 |
| **Categories of care:**<br>NH-PH, NH-I | **Number of registered places:**<br>56 |

## 3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with five patients, three care staff, three nursing staff and two patient's representatives.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- accident and incident records
- notifiable incidents
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- staff, patients' and patients' representative questionnaires
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced finance management inspection. The completed QIP was returned and approved by the finance inspector. There were no areas of concern identified by the finance inspector which required follow up at this time.

## 4.2 Review of requirements and recommendations from the last care inspection dated 13 August 2015.

| Last care inspection statutory requirements | | Validation of compliance |
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| **Requirement 1**<br><br>**Ref**: Regulation 20 (1) (c) (i)<br><br>**Stated:** Second time | The registered person shall ensure that staff as appropriate are trained in the following areas:<br><br>• care planning (registered nurses). | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and a review of staff training records confirmed that training had been provided in the development of care plans. Although this training had been provided to only two registered nurses, the registered manager stated that plans were in place for the training to be delivered to more staff. There were also no concerns identified in regard to patients' care plans during this inspection. | |
| **Requirement 2**<br><br>**Ref**: Regulation 27 (4) (b)<br><br>**Stated:** First time | The registered persons must ensure that the practice of using door wedges to keep bedroom doors open, does not occur. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>We did not observe any bedroom doors to be wedged open during the inspection. | |
| **Last care inspection recommendations** | | **Validation of compliance** |
| **Recommendation 1**<br><br>**Ref**: Standard 5.3<br><br>**Stated:** Second time | It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of one patient's care record evidenced that all pressure relieving equipment was included in the care plan. | |

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| **Recommendation 2**<br><br>**Ref**: Standard 5.2<br><br>**Stated:** Second time | It is recommended that a pain assessment be maintained in patients' care records (if applicable). | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of two patients' care records evidenced that pain assessments had not been completed.<br><br>**Given that this recommendation has been stated on two previous occasions, a requirement has now been made in this regard. Refer to section 4.4 for further detail.** | |
| **Recommendation 3**<br><br>**Ref**: Standard 5.3<br><br>**Stated:** Second time | It is recommended that written evidence is maintained in patients' care records to indicate that discussions had taken place with patients, and their representatives in regard to planning and agreeing nursing interventions | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with staff and a review of two patient care records evidenced that a system was in place to involve patients and/or their representatives in the care planning process. A review of the minutes of the relatives' meeting also evidenced that patients' representatives were encouraged to read the patients' care plans. | |
| **Recommendation 4**<br><br>**Ref**: Standard 6.2<br><br>**Stated:** Second time | It is recommended that all entries in case records are dated, timed and signed, and made in such a way that the original entry can still be read. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There was no evidence of poor practice in regards to record keeping. | |

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| **Recommendation 5**<br><br>**Ref**: Standard 36.2<br><br>**Stated:** First time | The registered persons should ensure that the following policies and guidance documents are developed and made readily available to staff:<br><br>A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines which* should include the out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>The policy on end of life care had not been reviewed following the last inspection.<br><br>**This recommendation was not met and has been stated for the second time.** | |
| **Recommendation 6**<br><br>**Ref**: Standard 39.4<br><br>**Stated:** First time | The registered persons should ensure that training is provided to staff, relevant to their roles in:<br>• breaking bad news;<br>• death, dying and bereavement; and<br>• palliative and end of life care | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Although formal training had not been provided to staff, the registered manager confirmed that five staff members were scheduled to attend training with the Foyle Hospice on 5 May 2016. There was also a comprehensive reference folder available to staff, which included all best practice guidance in this area. | |
| **Recommendation 7**<br><br>**Ref**: Standard 12<br><br>**Stated:** First time | The registered persons should ensure that the daily menu is displayed in a suitable format so that patients/residents know what is available at each mealtime.<br><br>Patients who require a therapeutic diet should also be provided with a choice of meal at the evening meal. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The daily menu was suitably displayed. Observation and discussion with the registered manager and staff confirmed that patients who required modified diets, were offered a choice at mealtimes. | |

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| **Recommendation 8**<br><br>**Ref**: Standard 35.16<br><br>**Stated:** First time | The registered persons should audit the call bell response times on a regular basis. This audit should include response times at or nearing change of shifts and during meal times. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager confirmed that call bell responses were audited on a regular basis. | |
| **Recommendation 9**<br><br>**Ref**: Standard 39.9<br><br>**Stated:** First time | The registered persons should ensure that staff competency and capability assessments are completed for all registered nurses. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and a review on one staff member's personnel record, confirmed that competency and capability assessments had been completed. | |

## 4.3 Is care safe?

There were safe systems in place for the recruitment and selection of staff and staff consulted with, stated that they had only commenced employment once all the relevant checks had been completed. A review of two personnel files evidenced that these were reviewed by the registered manager and checked for possible issues. Where nurses and carers were employed, their pin numbers were checked with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidence that enhanced criminal records checks were completed with AccessNI and a register was maintained which included the reference number and the date the AccessNI certificate had been received. Advice was given in regards to recording whether or not the AccessNI checks were clear.

Discussion with the registered manager and a review of the registration checks, confirmed that registered nurses' and care assistants' pin numbers had been checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) on a regular basis, to validate their continuing registration status.

There was evidence that new staff completed an induction programme to ensure they developed their required knowledge to meet the patients' needs. Staff consulted confirmed that they received induction; and shadowed experienced staff until they felt confident to care for the patients unsupervised. Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and this was kept up to date. Advice was given to the registered manager in regards to the completion of the training matrix, which should include all the dates of training provided. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of staff training records confirmed that staff completed training on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety,

health and safety, infection control, safe moving and handling and adult safeguarding. Overall compliance with training was monitored by the registered manager. Training needs of staff were also identified in the responsible individual's monthly monitoring report, in accordance with regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals. However, discussion with the registered manager confirmed that the staff, who were delegated the responsibility of conducting supervisions and appraisals, had not received the necessary training to do so. A recommendation has been stated in this regard.

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota commencing 4 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients also evidenced that there were no concerns regarding staffing levels. Staff were observed assisting patients in a timely and unhurried way.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to prevention and protection of harm. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Validated risk assessments were completed as part of the admission process and were reviewed and updated as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails and restraint, if appropriate; regular repositioning due to a risk of developing pressure damage and wound assessment, if appropriate; assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. These risk assessments informed the care planning process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. Infection prevention and control measures were generally adhered to; however, wheelchairs and mattresses were observed to be stored in a bathroom on the first floor. Inspection of the sluice rooms on both floors identified that they were in need of tidying and deep cleaning. This was raised with the registered manager and was addressed on the day of the inspection. Refer to section 4.6 for further detail.

Fire exits and corridors were observed to be clear of clutter and obstruction and there was a fire management plan in place. However, a review of patients' personal safety risk assessments

evidenced that they were not fully completed and the assessment tool in place did not clearly identify the level of assistance that may be required to evacuate the patients in the event of an emergency. This was discussed with the registered manager. A recommendation has been made in this regard.

**Areas for improvement**

The registered persons should ensure that all staff who are delegated the responsibility of conducting supervisions and appraisals, should have the necessary training provided. A recommendation has been stated in this regard.

The registered persons should ensure that patients' personal safety risk assessments include the level assistance required by each patient, in the event of an emergency, in line with best practice. A recommendation has been stated in this regard.

| **Number of requirements** | **0** | **Number of recommendations**: | **2** |
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## 4.4 Is care effective?

As discussed in section 4.2, a recommendation had previously been stated on two occasions, in regards to the completion of pain assessments. A review of two care records of patients who had been prescribed transdermal opioid patches did not evidence that pain assessments had been completed. To monitor the effectiveness of prescribed analgesia the registered manager must ensure that an appropriate pain assessment tool is utilised as required, commensurate with the patient's ability. A requirement has now been stated to address this.

A review of three other patients' care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines, in all areas. The review evidenced that risk assessments were completed as part of the admission process, were reviewed as required and were reflected in planning process. For example, where a risk of malnutrition was identified, a malnutrition universal risk assessment had been completed and this information was reflected in the patient's care plans. Bedrail risk assessments had been completed and this information was reflected in the falls risk assessment and care plan.

One patient, who had an indwelling urinary catheter in place, had a care plan developed which included, the date the catheter was due to be changed and the steps to take in the event the catheter bypassed. Identified allergies to medicines were also risk assessed and were reflected in the care plans.

The 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. Registered nurses consulted with were aware of the local arrangements and referral process to access other multidisciplinary professionals. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and there was evidence of regular communication with patient representatives within the care records.

Two medication prescription charts were reviewed and had not been signed by two registered nurses, in line with best practice. This was brought to the attention of the registered manager and was addressed immediately.

A review of patients' care records however, evidenced that entries in regards to repositioning and the delivery of personal care were not recorded contemporaneously, in accordance with best practice guidance, care standards and legislative requirements. For example, a review of food and fluid intake records evidenced that they were all completed at 2pm. This had been identified in the Regulation 29, of the Nursing Homes Regulations (Northern Ireland) 2005, monthly monitoring report and was being addressed by the registered manager.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to discussing patients' details in front of other relatives. Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. 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. Information on advocacy services was not available to patients. However, registered nursing staff confirmed that advocacy services could be accessed via the patients' care management process, if required.

Discussion with the registered manager and review of records evidenced that patients and/or relatives meetings were held on a regular basis and records were maintained. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management.

**Areas for improvement**

Pain assessments, as appropriate, must be completed and the effectiveness of analgesia prescribed included in the daily review of care delivered and in the care planning process. A requirement has been stated in this regard.

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| **Number of requirements** | **1** | **Number of recommendations:** | **0** |

## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with five patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day. Medicines were administered to patients in a discreet way to maintain their dignity and privacy.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Consultation with staff confirmed that they felt they had the necessary skills to communicate effectively with patients who had difficulties with communicating.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. Two patients commented that they would like more opportunities to attend external activities. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regards to what they wanted to participate in. 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 and their representatives and staff on the quality of the service provided. The last relatives' meeting had been held on 6 April 2016. The annual quality audit report was also in progress and the registered manager confirmed that surveys had recently been distributed to patients and their representatives.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. All comments on the returned questionnaires were positive. Some comments received are detailed below:

**Staff**

'There is good morale here and we all bond so much with the patients'.
'It is excellent here. It can be very busy, but there is a huge focus on mealtimes and making sure patients are well fed and cared for'.
'It is very good. It is a home from home really'.
'I have no concerns. It is great meeting new residents. Every day is different'.
'Due to the amount of work there is minimal time to spend with the residents'.

**Patients**

'I have no concerns. It is all very good'.
'It's very good here'.
'They are very friendly and we all have a laugh'.
'Whatever we ask for, we get'.
'They are very interested in me and my stories'.
'Perhaps staff could be a little bit quicker'.
'Staff are excellent but at times they are under pressure'.

**Patients' representatives**

'This is a good place. We couldn't be happier'.
'We have no concerns. I would give the place a score of 10/10'.

Two written comments received commented that the staffing levels were not sufficient and that care delivery is rushed, where care staff, do not have time to meet the patients' emotional needs. Following the inspection this was brought to the attention of the registered manager to address.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| Number of requirements | 0 | Number of recommendations: | 0 |
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## 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. Consultation with staff evidenced that they were able to identify the person in charge of the home, in the absence of the registered manager. Advice was given in regards to how this should be recorded on the staff duty roster.

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

The registered manager confirmed that the new policies and procedures for the home and discussed the procedure for systematically reviewing the policies on a regular basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Patients were aware of who the registered manager was. One patient described how the registered manager was very kind and very good at his job. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff consulted with described the registered manager as being very approachable'.

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, the registered manager outlined how the following audits were completed in accordance with best practice guidance:

- falls
- call bell response times
- restrictive practices
- catering
- housekeeping
- Infection prevention and control
- wound management
- medicines management
- care records
- weight loss
- health and safety

Discussion with the registered manager confirmed that a range of audits were conducted on a regular basis and this information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A sample audit of accidents reviewed confirmed the number, type, place and outcome of falls. This information was analysed to identify total numbers of falls, on a monthly basis. However, the audit did not identify any patterns or trends and there was no action plan developed in response to identified deficits. A recommendation has been stated in this regard

As discussed in section 4.3, the cleanliness of the sluice rooms required attention were addressed immediately when raised to the registered manager. The infection prevention and control audits were reviewed. Although there was evidence of audits having been completed on a regular basis, there was no evidence of the follow up action taken to address the identified deficits. For example, the compliance rates in the previous three month's audits evidenced that there had been a decrease in compliance from 89 percent to 69 percent. The audits did not evidence the action taken to address the identified deficits. A recommendation has been stated in this regard.

Discussion with the registered manager and review of records evidenced that Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, monitoring visits were completed in accordance with the regulations and/or care standards and copies of the reports were available for patients, their representatives, staff and Trust representatives. An action plan was generated to address any areas for improvement. Discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

**Areas for improvement**

The total number of recommendations stated during the inspection, included one recommendation that has been stated for the second time; and a recommendation that had previously been stated two times had also not been met, which resulted in a requirement being stated during this inspection.

The registered persons should ensure that the audit of accidents and incidents is further developed, to aid in identifying patients who fall most frequently. An action plan should also be

developed to evidence follow-up on identified patterns and tends. A recommendation has been stated in this regard.

The registered persons should ensure that any deficits identified in infection prevention and control audits are evidently followed up on. A recommendation has been stated in this regard.

| Number of requirements | 0 | Number of recommendations: | 2 |
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## 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

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| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 15 (2) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons must ensure that pain assessments are completed (if applicable) for all patients requiring regular or occasional analgesia. This assessment should review the effectiveness of the analgesia and the outcome should be reflected in the patients' care plans. The pain assessment tool to be used must be commensurate with the patient's ability to communicate.<br><br>**A recommendation has been stated on two previous occasions.**<br><br>**Ref: Section 4.2** |
| | **Response by registered person detailing the actions taken:**<br>Pain assessments have been completed where applicable. These are reviewed monthly or more frequently as indicated. New pain assessment documentation for the company has been created for residents with and without capacity and will be rolled out in coming weeks. |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 36.2<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons should ensure that the following policies and guidance documents are developed and made readily available to staff:<br><br>A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines which* should include the out of hours procedure for accessing specialist equipment and medication and the referral procedure for specialist palliative care nurses.<br><br>**The above policies should be submitted to RQIA with the returned QIP**<br><br>**Ref: Section 4.2** |
| | **Response by registered person detailing the actions taken:**<br>The above policy has been reviewed and revised (02.06.16) A copy of the revised policy and appendix are attached. |
| **Recommendation 2**<br><br>**Ref**: Standard 40.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons should ensure that all staff who are delegated the responsibility of conducting supervisions and appraisals, should have the necessary training provided.<br><br>**Ref: Section 4.3** |
| | **Response by registered person detailing the actions taken:**<br>The required training has been agreed by Human Resources to be provided for all staff conducting supervisions and appraisals and will be conducted in July and August 2016., |

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| **Recommendation 3**<br><br>**Ref**: Standard 22.10<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons should ensure that the audit of accidents and incidents is further developed, to aid in identifying patients who fall most frequently. An action plan should also be developed to evidence follow-up on identified patterns and tends.<br><br>**Ref: Section 4.3** |
| | **Response by registered person detailing the actions taken:**<br>A Falls Management Audit has been introduced from May 2016. This includes identification of fall patterns and an action plan to evidence follow up actions where appropriate. |
| **Recommendation 4**<br><br>**Ref**: Standard 46.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons should ensure that any deficits identified in infection prevention and control audits are evidently followed up on.<br><br>**Ref: Section 4.3** |
| | **Response by registered person detailing the actions taken:**<br>Infection Control Audit has been reviewed and updated to include detailed action plan and provides evidence on follow up actions |
| **Recommendation 5**<br><br>**Ref**: Standard 48.1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>23 June 2016 | The registered persons should ensure that patients' personal safety risk assessments include the level of assistance required by each patient, in the event of an emergency. A system of centralising the personal emergency evacuation plans (PEEPs) alongside the fire management plans should also be put in place, in line with best practice. A recommendation has been made in this regard.<br><br>**Ref: Section 4.3** |
| | **Response by registered person detailing the actions taken:**<br>A file containing all PEEPs and fire management plans is in place and is located in the main reception area of the home in close proximity to front entrance. This file details each resident's level of assistance and is updated monthly and upon each new admission to the home. |

***Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address***

The Regulation and Quality Improvement Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews