



Unannounced Care Inspection Report 30 October 2018



Brooklands Healthcare Londonderry

Type of Service: Nursing Home (NH)

Address: 25 Northland Road, Londonderry, BT48 7NF

Tel No: 02871263987

Inspector: Michael Lavelle and Jane Laird

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 45 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: Kim McKeever, manager	Date manager registered: Kim McKeever – 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.	Number of registered places: 45 A maximum of 10 persons in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 30 October 2018 from 07.00 hours to 16.30 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.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Brooklands Healthcare Londonderry were below the minimum standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation infection prevention and control practices and governance arrangements. This meeting took place at RQIA on 6 November 2018.

At this meeting the responsible person, Therese Elizabeth Conway, regional manager, Jane Bell and manager, Kim McKeever, acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Evidence of good practice was found in relation to safeguarding, notification of accidents/incidents, the personalisation of patient's bedrooms, team work and communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patient's and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to staff deployment, fire safety and governance arrangements.

Areas requiring improvement under care standards were identified in relation to staff induction, evaluating the effect of training on practice, the rotational menu, recording of management hours and complaints management.

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	*5	*6

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

Details of the Quality Improvement Plan (QIP) were discussed with Kim McKeever, manager and Jane Bell, regional manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting. Following this meeting a decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 17 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 September 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.

During the inspection we met with eight patients, one patient's relative and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the registered 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 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 weeks commencing 22 October 2018 and 29 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 September 2018

The most recent inspection of the home was an unannounced medicines management inspection on 17 September 2018. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 2 July 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 21 (1) Stated: First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment files.	Met
	This area of improvement is made in reference to ensuring the reason for leaving previous employment is recorded and that employment gaps are explored.	
	Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced the reason for leaving previous employment was recorded and that employment gaps were explored.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>This area of improvement is made in reference to ensuring fire exits and corridors are kept clear and not obstructed.</p> <p>Action taken as confirmed during the inspection: During review of the environment fire exits and corridors were observed to be clear of obstruction.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Action taken as confirmed during the inspection: Review of the internal and external environment evidenced the potential risk of spread of infection to patients and staff. This is discussed further in section 6.4 of this report.</p> <p>This area for improvement is not met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Action taken as confirmed during the inspection: Review of the environment confirmed medicines were securely stored.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with two staff evidenced one staff member was very knowledgeable in relation to the dilution of cleaning products. However, another staff member lacked appropriate knowledge in relation to this.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • post fall management • care planning. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for an identified patient evidenced appropriate action was taken by staff post fall. Review of records confirmed the manager had oversight of falls that occur in the home. Three patients care records were reviewed which evidenced that they were well maintained and reflective of the patients care needs.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.4 Stated: First time	The registered person shall ensure that nutritional screening is repeated monthly, or more frequently depending on individual assessed need.	Met
	Action taken as confirmed during the inspection: Three patients care records were reviewed and records indicated that nutritional screening was repeated on either a weekly or monthly basis depending on the individual needs of the patient.	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that care records, specifically, fluid intake, should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.	Met
	Action taken as confirmed during the inspection: Three patients supplementary records were reviewed and evidenced a 24 hour fluid intake with elimination documented within the daily evaluation notes.	
Area for improvement 3 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staffing rota clearly identifies: <ul style="list-style-type: none"> • the nurse in charge • the hours worked by staff • the first and surname of all staff employed in the home. 	Met
	Action taken as confirmed during the inspection: Review of the staffing rota evidenced it clearly identified the nurse in charge, the hours worked by staff and the first and surname of all the staff employed in the home.	

Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.	Partially met
	Action taken as confirmed during the inspection: Although a new care plan audit had been developed, deficits were identified in the overall audit process. See 6.7 for further details. This area for improvement is not met and is stated for a second time.	

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 the assessed needs of the patients were met. A review of the staffing rota from weeks commencing 22 October 2018 and 29 October 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patient's needs. However, we observed that personal care of patients continued until 11.30 hours and the morning medication round was ongoing until 11.40 hours. The registered nurse was observed moving between the downstairs area where the medicine trolley was located and carrying medicine upstairs to patients who were in their bedroom. In addition, we observed patient buzzers were not responded to in a timely manner on two occasions. This was discussed with the manager who agreed to review the deployment of staff in the home. An area for improvement under the regulations was made. The medicine management issues identified were shared with the aligned pharmacy inspector in RQIA for action as required.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff member commented that they are not normally as late at attending to patient's personal care. "I love working here and feel that there is enough staff". This was discussed with the manager who confirmed they had been working over the past four weeks as a nurse on the floor two to three days per week with the remaining hours made up as management time within the office. The manager confirmed that new registered nurses have been recruited and that over the coming weeks the nursing hours will be at their full compliment. This will be reviewed at a future care inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Brooklands. One visitor spoken with did not raise any concerns regarding staff or staffing levels.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, review of one induction record evidenced that a pre-registered nurse had been inducted as a registered nurse several days prior to the receipt of the Nursing and Midwifery Council (NMC) Personal Identification Number (PIN). An area for improvement under the care standards was made. Review of the second recruitment file evidenced that the manager did not request the employee's most recent employer's reference. This was discussed with the manager who agreed to review current practices and obtain the outstanding reference. This will be reviewed at a future care inspection.

We discussed the provision of infection prevention and control (IPC) training with staff and reviewed staff training records. Staff confirmed that they were enabled to carryout training via an online system and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had not been embedded fully into practice. For example, identified staff lacked knowledge around the use/disposal of personal protective equipment (PPE) during personal care and meal times, maintaining the environment, decontamination of equipment and correct colour coding of laundry bags for segregation. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

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.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room, storage areas and outdoor spaces. The home was found to be warm and well decorated. The outdoor staff smoking area was observed to be untidy with PPE inside an overflowing waste bin and on the ground. This is discussed further in 6.4.

Fire exits and corridors were observed to be clear of clutter and obstruction. During review of the environment a fire door in a shared bedroom was observed to be propped open with a chair. In addition, the fire door leading from the kitchen to the outdoor area at the rear of the home was propped open with a stone. A pressure relieving cushion was identified on top of a chair beside a very hot radiator with heat damage. These findings were brought to the attention of the manager and were required to be addressed without delay to ensure the safety and wellbeing of patients in the home. The aligned estates inspector for RQIA was also informed for action as appropriate. Areas for improvement under regulation were identified.

Significant deficits were identified in relation to infection prevention and control (IPC) as follows:

- limited hand hygiene observed across all grades of staff
- staining on two identified hand towel dispensers, one identified soap dispenser and one identified toilet roll holder
- deficits in staff knowledge on the correct use/disposal of PPE
- deficits in staff knowledge in relation to the correct procedures for environmental cleaning
- one identified staff member not wearing a uniform
- patients food not covered on transfer
- inappropriate storage of patient equipment at nurses stations
- two torn pressure relieving cushions which were unable to be effectively decontaminated – these should be replaced
- patients toiletries stored in communal toilets
- one identified linen cupboard cluttered with patients items
- a damaged bath which was identified in the previous care inspection has not been fixed or replaced
- offensive smelling debris observed in the bath waste
- staining to an identified commode
- no waste bin in an identified shower room
- no full availability of PPE in identified areas of the home
- no evidence of robust cleaning schedules or enhanced cleaning records
- two chairs within one of the lounge areas unclean and torn
- staining on a chair within the upstairs foyer
- two pedal bins within the laundry broken
- no soap dispenser at an identified handwashing sink in the laundry
- blue containers for clean and dirty laundry cracked/damaged – these should be replaced
- fan in the laundry dusty/no schedule for the cleaning of the fan

- patients clothing protectors being transported to the kitchen on a trolley then handled inappropriately by the kitchen staff
- incorrect colour coding of laundry bags in one identified bathroom
- untidy staff smoking area with an overflowing bin, PPE discarded in the bin and on the ground, a drinking glass and towel also discarded on the ground.

These shortfalls were discussed with the manager who provided us with assurances that these deficits would be addressed immediately. This was discussed with the manager and had been identified as an area for improvement at the inspection of 2 July 2018. This area for improvement has been stated for a second time in the quality improvement plan (QIP) of this report.

During review of the environment concerns were identified in regards to the management of risks to patients. For example

- cleaning chemicals were not prepared as per manufacturers guidance
- chemicals stored in inappropriate bottles
- the product being sprayed was not used in keeping with manufacturer's guidance.

These issues pose a risk of injury or harm to the patients and staff. This was discussed with the manager and had been identified as an area for improvement at the inspection of 2 July 2018. This area for improvement has been stated for a second time.

Exposed wires were observed at the nurse's station on the first floor. This was reported to the manager who arranged for this to be addressed immediately. This will be reviewed at a future care inspection.

We observed the use of keypads in the home which we considered to be restrictive practice. No instructions were adjacent to the keypad at the front door which would assist patients with exiting the home, as appropriate. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The manager addressed this weakness following the inspection by placing appropriate signage beside the identified keypad. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to safeguarding, notification of accidents/incidents and the personalisation of patient's bedrooms.

Areas for improvement

Two areas for improvement under regulation were identified in relation to staff deployment and fire safety.

Two areas for improvement under the care standards were identified in relation to staff induction and evaluating the effect of training on practice.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and post falls. A daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the SALT or the GP.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. This was observed on the day of the inspection. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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 would raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with registered manager and review of records confirmed that staff meetings were held regularly and records maintained.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within one of the care records but not the other two. This was discussed with the manager who agreed to review this deficit. This will be reviewed at a future care inspection.

The registered manager advised that patient and/or relatives meetings were held at least bi-annually. Minutes were available for residents meetings held in March 2018 and June 2018 and for a relatives meeting held in March 2018. A further residents and relatives meeting is planned for November 2018.

Areas of good practice

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

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

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.

We arrived in the home at 07.00 hours and were greeted by staff who were helpful and attentive. Most patients were in bed, one patient was up and mobilising from his bedroom to the dayroom, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect, however, deficits were identified in relation to managing patient information. For example, during review of the environment information pertaining to personal care was observed on display outside two identified patients' bedrooms. This was discussed with the manager who agreed to review this practice to ensure patient identifiable information is stored securely in the home. This will be reviewed at a future care inspection.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We commended the staff on the recent Halloween party that was held within the home. However, on a notice board within another area of the home the activities were dated for the week commencing 20 August 2018. This was discussed with the manager and assurances were given that a newly appointed activity co-ordinator had recently been recruited and activities were currently being reviewed. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and fresh smelling throughout. Rooms were personalised on inspection of bedrooms with possessions that were meaningful to the patient and reflected their life experiences. One patient's toiletry item was stored within a staff toilet with the patients name on it. This was discussed with the manager who arranged for removal of the item.

We observed the serving of the breakfast meal. Breakfast commenced at 08.30 hours and a range of drinks were offered to patients. Patients were assisted to the dining room or had trays delivered to them as required. Patients appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Review of the menu evidenced that planned meals had not been adhered to. This was discussed with the cook who stated due to an

ordering error the identified choices were not available. In addition, variations to the menu were not recorded. This was discussed with the manager and identified as an area for improvement under the care standards.

Review of records and discussion with staff evidenced that records retained by the kitchen staff in relation to modified diets were not up to date reflecting the current patient occupancy within the home. This was discussed with the manager who agreed to ensure this information is reviewed in a timely manner. This will be reviewed at a future care inspection.

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Brooklands was a positive experience. Some comments received included the following:

“This is the best home I have been in. I have plenty of room and the food is very good. A very good menu.”

“I am treated very well.”

“The care is very good. The priest comes in and everything.”

“I feel involved in decisions. I am content here.”

Ten patient questionnaires were left in the home for completion. None were returned within the expected timescale.

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.

Ten relative questionnaires were provided; none were returned within the timescale for inclusion in this report. One visitor to the home was consulted during the inspection. They said.

“It’s wonderful the work they do.”

One questionnaire was returned but it did not indicate if it was completed by a patient or relative. The respondent indicated that they were very satisfied with the care provided across the four domains.

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

Areas of good practice

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

Areas for improvement

One area for improvement under the care standards was identified in relation to adherence to the rotational menu.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. The need to register as a manager was discussed. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not clearly recorded. This was discussed with the manager and identified as an area for improvement under the care standards.

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. Staff have access to on line training. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were not in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. For example, review of the three most recent complaints received evidenced sufficient detail was not recorded to determine the outcome of the complaint or if the complainant was satisfied with the outcome. This was discussed with the manager who agreed to review the complaints procedures. We asked the manager to ensure staff awareness that any expression of dissatisfaction with the service provided in the home is viewed as a complaint. An area for improvement under the care standards was made.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. Review of care plan audits evidenced a new system had been introduced which provided a review of records and generated an action plan. However, there was no date for when the deficits identified were to be reviewed or by whom. It was unclear from the records reviewed what care records had been audited prior to the introduction of the new system. Review of hand hygiene audits records evidenced that audits had been completed in August 2018, September 2018 and October 2018. Although completed they did not generate an action plan. In addition, review of IPC audits evidenced deficits had been identified although there was not review process to provide assurance that the deficits were addressed. Gaps in completion of the IPC audit tool were also identified. This was discussed with the manager and had been identified as an area for improvement at the inspection of 2 July 2018. This area for improvement has been stated for a second time.

As highlighted in this report concerns were identified in relation to multiple areas of governance including but not limited to:

- lack of availability of sufficient hours to effectively manage the home
- infection prevention and control practices
- deployment of staff
- external environment
- deficits in auditing arrangements
- staff recruitment –pre-registered nurse commencing registered nurse induction prior to receiving NMC personal identification number
- communication regarding modified diets from nursing staff to catering staff.

These deficits were discussed with the manager. An area for improvement under regulation was made to ensure robust governance arrangements are adhered to.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes. Copies of the report were available for patients, their representatives, staff and trust representatives.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

Areas of good practice

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

Areas for improvement

One area for improvement under the regulations was identified in relation to governance arrangements.

Two areas for improvement under the care standards were identified in relation to recording of management hours and complaints management.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kim McKeever, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: Review of IPC procedures in the home. Supervision and training held with staff to highlight awareness of IPC. Domestic Supervisor appointed. Schedules revised for domestic staff to ensure enhanced cleaning. Early morning spot checks to quality assure process. Dispensers erected as required. Audits of staff hand hygiene and infection control completed and action taken to address issues identified. Areas identified during inspection have been monitored to maintain improvement. Chairs in process of being recovered. New airflow cushions purchased and new storage facility erected.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the dilution of cleaning products as per manufacturer's guidance.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Training held for staff on correct dilution of cleaning products. All products in correct bottles and dilution recorded.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Experienced RN's have been recruited and are on rota. Agency usage is minimised where possible. Numbers of trained staff are sufficient to meet residents needs. No KPIs are elevated.</p>
<p>Area for improvement 4</p>	<p>The registered person shall take adequate precautions against the</p>

<p>Ref: Regulation 27 (4) (b) (d) (i)</p>	<p>risk and containment of fire. Ref: 6.4</p>
<p>Stated: First time To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Replacement fire alarm system has been approved. Await installation. Staff have been made advised and informed of not propping open of doors. 3 early morning unannounced checks have been completed with no evidence of doors being wedged open. Back door has been monitored and has not been left open.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</p> <p>This area of improvement is made with specific reference to governance arrangements within the home.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The HM supernumerary time has been protected to allow governance arrangements within the home to be prioritised. RM has been available to assist HM with governance arrangements.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 10 August 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: monthly audits on-going and shortfalls delegated to nursing staff. Hand hygiene audit reviewed and improved tool now in use.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all newly recruited registered nurses complete a structured orientation and induction specific to their role.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: newly recruited registered nurses inductions completed appropriately specific to their role.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>This area for improvement is made in reference to infection prevention and control practice.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: infection control training by public health and COSHH training</p>

	attended. Audits on going to ensure compliance.
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<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances and variations to the menu are recorded.</p> <p>Ref: 6.6</p>
<p>Area for improvement 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: complaints documented in company template and summary sheet commenced. Complaints book removed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the staffing rota clearly identifies the hours worked by the manager and in what capacity.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Nursing hours are documented separately to management hours for home manager.</p>

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