

Unannounced Care Inspection Report 10 February 2018



Edgewater

Type of Service: Nursing Home (NH)

Address: 70 Victoria Road, Newbuildings, Londonderry, BT27 2RL

Tel No: 028 71342090

Inspector: James Lavery

www.rgia.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 28 persons.

3.0 Service details

Organisation/Registered Provider: Edgewater Responsible Individuals: Michael Curran Paul Steele	Registered Manager: John Green
Person in charge at the time of inspection: Mihaela Tugui, Nurse in charge, from 09.25 to 10.15 thereafter Mr John Green, registered manager.	Date manager registered: 14 December 2007
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of registered places: 28

4.0 Inspection summary

An unannounced inspection took place on 10 February 2018 from 09.25 to 19.00 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 monitoring the professional registration of staff and communication between staff and patients.

Areas for improvement under regulation were identified in relation to fire safety practices; the Control of Substances Hazardous to Health (COSHH) regulations; infection, prevention and control (IPC) practices; record keeping; the delivery of care; the internal environment of the home; storage of medicines and governance processes relating to quality assurance and service delivery.

Areas for improvement under the standards were identified in relation to the internal environment, inappropriate storage and adult safeguarding.

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	*9	*6

The total number of areas for improvement includes two under the regulations and two under the standards which have been stated for a second time. Two areas for improvement under the standards have also been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mr John Green, registered 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 as follows:

Concerns were identified in relation to fire safety practices and adherence to Control of Substances Hazardous to Health (COSHH) regulations. The findings were discussed with senior management in RQIA following which a decision was taken to hold a serious concerns meeting in RQIA on 15 February 2018. At this meeting the registered persons acknowledged the failings and provided an action plan as to how the concerns, raised at the inspection, would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. Two areas for improvement were made, under the regulations, in regards to fire safety practices and compliance with COSHH regulations. Refer to section 6.4. A follow up inspection will be undertaken to validate compliance with the identified areas for improvement.

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/)

4.2 Action/enforcement taken following the most recent inspection dated 25 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection 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 met with ten patients, four patients' relatives and five 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 28 January to 10 February 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
- minutes of staff and patient/relatives meetings
- three patient care records
- a selection of governance audits relating to accidents/incidents and care records,
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered 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. Two areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward for review at the next care inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 15 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 27 (2) (b) (d) Stated: First time	The registered person shall make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed a satisfactory level of cleanliness. A review of governance records and discussion with the registered manager further evidenced that systems were in place to monitor and quality assure the provision of housekeeping services.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that all staff receives mandatory training, appropriate to their roles and responsibilities; and that systems are in place to ensure that the training provided is embedded into practice. This refers particularly to, but is not limited to infection prevention and control practices.	Partially met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of training records confirmed that staff received mandatory training, appropriate to their roles and responsibilities. However, observation of staff and the environment evidenced that IPC training had not been embedded into practice. This is discussed further in section 6.4.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
<p>Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time</p>	<p>The registered person shall review the provision of domestic staff hours, to ensure that the numbers are appropriate to maintain an acceptable standard of cleanliness in the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of off duty rotas evidenced that additional domestic staff have been employed since the previous care inspection. The registered manager confirmed that the provision of domestic staff is kept under review in order to ensure an acceptable standard of cleanliness within the home.</p>	Met
<p>Area for improvement 4 Ref: Regulation 27 (4)(a) and (b) Stated: First time</p>	<p>The registered persons shall arrange for the fire risk assessment to be reviewed, and suitable control measures implemented, in relation to the use of electrical appliances in the sluice room on the first floor. RQIA should be informed of the outcome of this assessment with the returned QIP; and any change in the purpose of any room shall not take place until RQIA approval is received.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager, observation of the environment and review of the home's current fire risk assessment confirmed that no electrical appliances were being used inappropriately within existing sluice rooms.</p>	Met

<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the care record is reflective of the patients' current care need.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of patients' care records confirmed that they accurately reflected the patients' assessed care needs, specifically in relation to manual handling needs.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that patients at risk of developing pressure damage to their skin, are repositioned in keeping with the care plan; and that records are retained, to include the care provided when the patients are seated in their chairs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of patients' care records highlighted deficits with regards to the delivery of care, care planning and the use of supplementary records in relation to the repositioning of patients. This is discussed further in section 6.5.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.2</p> <p>Stated: Second time</p>	<p>The registered persons should ensure that patients' care plans are updated to reflect the recommendations provided by the tissue viability nurse, as appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of patients' care records confirmed that they were updated to reflect recommendations provided by the tissue viability nurse, as appropriate.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the recruitment processes are further developed to ensure that any gaps in employment records are explored and explanations recorded.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager highlighted that selection and recruitment records were not accessible within the home on the day of the inspection. It was stressed to the registered manager that such records should be available to appropriate persons at all times.</p> <p>This area for improvement has been carried forward and will be reviewed during a future care inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager highlighted that staff supervision records were not accessible within the home on the day of the inspection. It was stressed to the registered manager that such records should be available to appropriate persons at all times.</p> <p>This area for improvement has been carried forward and will be reviewed during a future care inspection.</p>		

<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that systems are in place to embed the new regional operational safeguarding policy and procedure had been embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and staff evidenced that they were aware of their roles and responsibilities in regards to adult safeguarding. However, discussion with the registered manager highlighted that while a revised policy in relation to adult safeguarding had been written for staff in January 2018, there was no governance process in place to ensure that all staff had read the policy and understood its content. A review of training records further evidenced that 13 staff had not received their annual safeguarding training during 2017. Adult safeguarding is discussed further in section 6.7.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that care plan evaluations are meaningful and are reflective of any changes to the patients care and treatment provided, between evaluations.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of patients' care records highlighted that care plans did not accurately reflect changes to their assessed care and treatment. This is referenced further in section 6.5.</p> <p>This area for improvement has not been met and has been subsumed into a new area for improvement, under regulation, in relation to wound care.</p>	<p>Not met</p>

Area for improvement 6 Ref: Standard 23 Stated: First time	The registered persons shall ensure that wound assessments are completed in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidance on management and prevention of pressure damage.	Met
	Action taken as confirmed during the inspection: Review of patients' care records did confirm that wound assessments had been completed in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidance on management and prevention of pressure damage.	
Area for improvement 7 Ref: Standard 35.4 Stated: First time	The registered persons shall review the auditing processes used in the home, to ensure that they are effective. This relates particularly to, but not limited to; the environmental/cleaning audits; the care record audits; and the care record audits.	Partially met
	Action taken as confirmed during the inspection: Review of governance audits in relation to the cleanliness of the home did evidence that both the registered manager and housekeeper quality assured housekeeping services in an effective manner. However, review of audits in regards to care records highlighted that these were completed inconsistently and did not provide assurance that they were effective. 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 8 Ref: Standard 35.7 Stated: First time	The registered persons shall ensure that there is traceability of the records reviewed in the monthly quality monitoring report.	Met
	Action taken as confirmed during the inspection: Review of monthly monitoring records confirmed that the details of care records which had been audited by the responsible person were traceable.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

The registered manager confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Although staff spoken with did confirm that they received formal supervision, governance records which should evidence the provision and regularity of such managerial support were not accessible on the day of the inspection. As a consequence of this, an area for improvement arising from the previous care inspection could not be validated and has been carried forward to be reviewed during the next care inspection. It was emphasised to the registered manager that such records should be available to appropriate persons at all times.

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.

Review of the training records 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. While all staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibilities, shortfalls were highlighted in regards to best practice standards being embedded into practice, specifically, fire safety and infection, prevention and control practices. These weaknesses are discussed further below.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. One communal lounge on the first floor was observed to be cluttered with a vacuum cleaner and unused luggage. One communal bathroom was similarly untidy with two patient hoists and a portable screen reducing access to the toilet. These observations were shared with the registered manager and it was agreed that communal areas must not be used for inappropriate storage. The items highlighted were removed before completion of the inspection and this will be reviewed during future inspections.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, patients' bedroom doors on both the ground and first floor along with doors leading to the treatment room, kitchen and both ground floor lounges, were observed to be wedged open. Also, emergency fire exit alarms on both floors were found to have been switched off. One emergency exit alarm and one automatic door closing device were also noted to be faulty. Observation of staff further evidenced that fire safety training had not been embedded into practice. These deficits were highlighted to the registered manager who was asked to ensure that all wedges were removed from doorways; and emergency exit alarms were switched on before conclusion of the inspection. An area for improvement under regulation was made. These findings were also shared with the RQIA estates team and the Northern Ireland Fire and Rescue Service (NIFRS) for information and action, as appropriate.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals, in particular, both sluice rooms. Neither sluice room had appropriate signage or any means of being secured. Although one sluice room did contain a lockable metal cabinet for domestic chemicals, this was observed to be unlocked and unattended. In addition, cleaning chemicals were also found unattended within a communal area on the ground floor. This was discussed with the registered manager and it was emphasised that the internal environment of the home must be managed so as to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were immediately secured by the registered manager before conclusion of the inspection. An area for improvement under regulation was made.

Deficits were observed in relation to infection, prevention and control practices, namely: two commodes containing urine were observed within patients' bedrooms and had not been emptied; several un-laminated signs and items of artwork were on display; an ashtray and plastic container filled with used cigarettes had been left on a corridor handrail. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. Although a review of records did evidence that that staff received mandatory IPC training, appropriate to their roles and responsibilities, these environmental observations evidenced that IPC training had not been embedded into practice. This was highlighted to the registered manager and an area for improvement under regulation was stated for a second time.

Shortfalls were also highlighted in regards to the safe storage of medicines. Observation of the treatment room evidenced that the treatment room door was wedged open and the room was left unattended on several occasions. It was also observed that a number of cupboards within the treatment room which contained patients' medications were left unlocked and unattended. These deficits were highlighted to the registered manager who ensured that the treatment room was appropriately secured before completion of the inspection and an area for improvement under regulation was made.

Observation of the environment further highlighted that patients in both ground floor lounges did not have access to the nurse call system. It was also noted that the nurse call leads for three patients who were observed within their bedrooms were out of reach. This was highlighted to the registered manager and an area for improvement under regulation was made.

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. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home. Discussion with staff evidenced that they were aware of their roles and responsibilities in regards to adult safeguarding. However, discussion with the registered manager highlighted that while a revised policy in relation to adult safeguarding had been written for staff in January 2018, there was no governance process in place to ensure that all staff had read the policy and understood its content. A review of training records further evidenced that 13 staff had not received their annual safeguarding training during 2017. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was stated for a second time.

Areas of good practice

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

Areas for improvement

Areas for improvement under regulation were identified in relation to fire safety; COSHH; infection prevention and control practices; storage of medicines and the internal environment.

An area for improvement under the standards was stated for a second time in relation to adult safeguarding. A further area for improvement under the standards regarding staff supervision has been carried forward to be reviewed at a future care inspection.

	Regulations	Standards
Total number of areas for improvement	5	0

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 the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing 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.

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 registered manager.

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.

Review of food and fluid intake records evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements.

Weaknesses were highlighted in relation to the management of patients who required regular repositioning due to the risk of developing pressure ulcers. Although a relevant care plan was in place for one patient who was assessed as being at high risk of developing pressure ulcers, there was no system in place to allow nursing staff to clearly reference the care plan within daily nursing notes. While nursing staff confirmed that the patient's skin was intact, a review of supplementary repositioning records for this patient further highlighted that they had not been completed consistently and that staff had not adhered to the agreed repositioning schedule. Review of recently implemented supplementary repositioning records, specifically for patients who require repositioning when seated, highlighted that the pro forma did not require staff to record the exact time when the patient was repositioned. This limited the effectiveness of the record in terms of ensuring that prescribed repositioning care was being adhered to. These shortfalls were highlighted to the registered manager and an area for improvement under regulation was stated for a second time.

Deficits were also highlighted in regards to the provision of wound care for patients. Review of the care records for one patient who required such care did evidence that wound assessments were completed in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidance on management and prevention of pressure damage. However, the patient's wound care plan lacked sufficient information in regards to the prescribed dressing regimen in keeping with best practice standards and was not referenced in a manner which would allow nursing staff to accurately refer to it within daily nursing notes. Ongoing review of the care plan by nursing staff did not reflect changes to the patient's wound in an accurate and/or consistent manner. Review of care records for a second patient requiring ongoing wound care also highlighted similar weaknesses, namely: a lack of clear referencing of the care plan and insufficient information regarding the dressing regimen. Although discussion with nursing staff confirmed that this patient's wounds were improving, the patient's supplementary wound care records were completed inconsistently and evidenced that prescribed wound care had not been consistently adhered to.

These deficits were highlighted to the registered manager and an area for improvement under regulation was made. Systems which assure the quality and the delivery of care in relation to wound care are discussed further in section 6.7.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, observation of a storage area containing patient records evidenced that the locking mechanism was inadequate and not being used. Patients' records were therefore not being maintained securely in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. This was discussed with the registered 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

Three areas for improvement under regulation were identified in relation to the delivery of care and care records.

	Regulations	Standards
Total number of areas for improvement	3	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. However, it was noted that staff did not assist one patient in a timely manner whose clothing was stained following breakfast. This was discussed with the registered manager and it was stressed that patient dignity must be promoted at all times. An area for improvement under the standards was made.

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.

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

"I'm well treated."

"I love it here."

"I like it here."

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

"I'm delighted by the support and accessibility here."

"...happy with the care ... staff are really lovely ..."

"The food is home-made, it's lovely."

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, three questionnaires have been received with all respondents expressing satisfaction with the delivery of care.

Observation of the breakfast and lunch time meals evidenced that the dining areas being used appeared to be 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. All patients appeared content and relaxed during the provision of the lunch time meal. It was noted that one television was playing loudly within one lounge in which patients were eating their lunch. This was discussed with the registered manager who agreed that ambient noise within all dining areas should be closely monitored and managed by staff in order to promote patient comfort.

It was further noted that several patients’ bedroom doors lacked any form of personalised signage. Also, both ground floor lounges lacked adequate signage for patients and relatives. This was highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

Two areas for improvement under the standards were made in regards to the dignity of patients and interior signage.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussion with the registered 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 registered manager and review of the home's complaints records evidenced that no complaints had been received since the previous care inspection.

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. Monthly monitoring records also contained traceable details of care records which had been audited by the responsible person, were appropriate.

Staff recruitment information was unavailable for inspection. As a consequence of this, an area for improvement arising from the previous care inspection could not be validated and has been carried forward to be reviewed during the next care inspection. It was emphasised to the registered manager that such records should be available to appropriate persons at all times.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed by the registered manager in accordance with best practice guidance in relation to care records accident/incidents and housekeeping services. A review of care record audits highlighted that these were not completed consistently and did not provide assurance that they were sufficiently robust. This area for improvement was partially met and has been stated for a second time.

Discussion with the registered manager evidenced that there was no 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. The need to ensure that medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) are reviewed and shared with all grades of staff, where appropriate, was stressed. An area for improvement under regulation was made.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered 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. Although LOLER and servicing records had been reviewed on a monthly basis by the registered manager there was no inventory of such equipment for the registered manager to refer to. The registered manager agreed to put such an inventory in place to ensure that governance processes remained robust. This will be reviewed during future inspections. This observation was also shared with the RQIA estates team following the inspection, for consideration and action, as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints.

Areas for improvement

An area for improvement under regulation was made in relation to urgent safety communications with staff.

An area for improvement, under the standards, was stated for a second time regarding governance processes focusing on quality assurance and service delivery. A further area for improvement relating to selection and recruitment records has been carried forward to be reviewed at a future care inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr John Green, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all staff receives mandatory training, appropriate to their roles and responsibilities; and that systems are in place to ensure that the training provided is embedded into practice. This refers particularly to, but is not limited to infection prevention and control practices.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Updated training recently done, reflecting also with infection control and vulnerable adult training, including fire door safety training.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients at risk of developing pressure damage to their skin, are repositioned in keeping with the care plan; and that records are retained, to include the care provided when the patients are seated in their chairs.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Reposition charts re evaluated to ensure more accurate recording. These charts are in place.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice. This shall also include the following actions:</p> <ul style="list-style-type: none"> • no inappropriate wedges to be used for keeping fire doors open, • all automatic door closing devices to be used, as appropriate, and maintained in good working order, • all emergency fire exit alarms to be kept in the 'on' position and maintained in good working order. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Fire door training and awareness updated , Fire door alarms maintained and updated by electrician. Daily walk about charts reflect these are checked. staff awareness involved with walkabouts. All wedges removed>New door opening (by keypad lock security) to treatment/medicine room installed as well as to each sluice room. Fire alarm on signs are checked daily and are discussed frequently to ensure adherence to safety procedures.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. All sluice rooms within the home should be lockable and sufficiently secure for the safe storage of all COSHH related products</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New keypad lock systems put in place to ensure doors are secured. COSHH training updated for staff. All chemicals are secured away with also daily checks to ensure same.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all medicines are stored securely within the home at all times.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New treatment room keypad lock system in place. Cupboards locked.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2018</p>	<p>The registered persons shall ensure that all patients have effective access to the nurse call system both within patient bedrooms and all communal areas used by patients.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A call system for communal areas ordered and awaiting electrical installation. Patients bedside call bells in place checked daily.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plans are in place which detail the prescribed dressing regimen and the recommendations of other professionals. Wound care must be delivered to patients in compliance with such care plans, • that a system for accurate referencing of wound care plans within patients' care records is in place and used consistently/accurately, • that all supplementary wound care records are completed in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plan and wound care plans are checked, audited. Manager has had discussed expected documentation and legislation with nurses. Recent audits reflect this in practice since last inspection.</p>

<p>Area for improvement 8</p> <p>Ref: Regulation 19 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' care records are kept securely within the nursing home in adherence with legislative requirements and best practice standards.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: locked cupboard for care notes in place.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place which makes provision for the urgent communication of all medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) and all other relevant urgent communications, safety alerts and notices to all grades of staff, as appropriate.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Policy signature sheets in place, reviewed policy also equipment alerts file in place.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the recruitment processes are further developed to ensure that any gaps in employment records are explored and explanations recorded.</p> <p>Ref: Section 6.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2017</p>	<p>The registered persons shall ensure that the staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: Section 6.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered persons shall ensure that systems are in place to embed the new regional operational safeguarding policy and procedure had been embedded into practice.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: policy signature sheets -as read in place- staff reminded of new policies and actions required. Safeguarding policy discussed with staff, training updated. matrix reflecting same.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.4</p> <p>Stated: Second time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered persons shall review the auditing processes used in the home, to ensure that they are effective, specifically, care records audits.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Care records audits re evaluated and frequently audited. Monthly record of audits system in place. New audit sheets implemented.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2018</p>	<p>The registered person shall ensure that all patient bedrooms have appropriate signage on them and that in communal areas measures are taken to promote patient orientation.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: New signage for doors to be put in place. Same ordered.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' dignity is promoted and maintained at all times, specifically, that prompt assistance is given to any patients who require a change of clothing.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: This has been discussed with staff. awareness of same discussed on handovers.</p>

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