Unannounced Care Inspection Report
14 June 2018

Greenhaw Lodge Care Centre

Type of Service: Nursing Home (NH)
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel No: 028 71354725
Inspector: Michael Lavelle

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 42 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd **Responsible Individual:** Christopher Walsh	**Registered Manager:** See below
Person in charge at the time of inspection: Laura Doherty, clinical lead followed by Bernie McDaniels, manager at 11.00 hours.	**Date manager registered:** No application received
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	**Number of registered places:** 42

4.0 Inspection summary

An unannounced inspection took place on 14 June 2018 from 10.40 hours to 20.40 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 DHSSPS 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 risk assessment, falls analysis, communication between residents, staff and other key stakeholders, the culture and ethos of the home, maintaining dignity and privacy, quality improvement and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to staff training, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients, storage of topical medicines, post fall management, wound management, care planning, IPC and housekeeping audits.

Areas for improvement under the standards were identified in regards to staff recruitment, reposition records, activities, signage and menus.

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.

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	6	5

Details of the Quality Improvement Plan (QIP) were discussed with Bernie McDaniels, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Concerns were raised in relation to the areas for improvement identified. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting in RQIA on 21 June 2018. At this meeting the registered person 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 enforcement action at this time.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients, 10 staff and three patients' representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 weeks beginning 4 June 2018 and 11 June 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
- one staff recruitment and induction file
- four patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts, bowel charts and personal care records
- a sample of governance audits
- 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.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 1 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 12 **Stated:** First time	The registered person shall ensure that the frequency of Malnutrition Universal Screening Tool (MUST) risk assessment reviews are in accordance with best practice.	**Met**
	Action taken as confirmed during the inspection: Review of four care records evidenced that Malnutrition Universal Screening Tool (MUST) risk assessment reviews were in accordance with best practice.	

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 beginning 4 June 2018 and 11 June 2018 evidenced that the planned staffing levels were adhered. However, it was noted that two registered nurses were working during the day at the weekends and three registered nurses would be available during the week. Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff member spoken with commented that they were a nurse down during the day at the weekends. Another staff member felt they had to rush to get everything done. This was discussed with the manager who agreed to review the registered nursing resource.

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 patients needs in a timely and caring manner.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Greenhaw Lodge Care Centre. One relative spoken with raised concerns regarding staffing levels stating,

"I don't feel there is sufficient staff in the six bedded units."

However, the inspector was unable to validate any staff deficiency on the day of the inspection. We also sought relatives' opinion on staffing via questionnaires; none were returned within the expected timeframe for inclusion in this report.

Review of one staff recruitment file 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. However, although the application contained a section in relation to the applicant's health, the file did not contain a pre-employment health assessment. This was discussed with the manager and an area for improvement was made under the care standards.

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, discussion with the manager confirmed the absence of induction records for agency staff working in the home. The manager agreed to implement an induction system for agency staff. This will be reviewed at a future care inspection.

Review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). However, records evidenced that some staff who had been working in the home for over five months had not applied for their NISCC

registration. This was discussed with the manager during feedback and with the operations manager post inspection. They provided assurance that staff who had reached the six month threshold and had not registered with NISCC had been moved to non-caring duties and that systems have been enhanced to encourage staff to register with NISCC in a timely manner. This will be reviewed at a future care inspection.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training although not all staff felt that the training provided them with the necessary skills and knowledge to care for the patients. For example, one staff member felt the training was repetitive. Another staff member indicated they had requested specialised training to develop their role but this had not been made available. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. However, observation of the delivery of care evidenced that training had not been embedded into practice. Deficits were noted in some staffs infection control knowledge. For example, staff were unaware of the importance of using a full range of personal protective equipment (PPE) and the potential for transmission of infection. In addition, three staff gave inappropriate responses when discussing adult safeguarding examples. Discussion with staff and review of records evidenced that the effect of training on practice and procedures was not evaluated as part of quality improvement. This was discussed with the manager and identified as an area for improvement under the regulations.

With the exception of the example cited previously, 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 four 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 from January 2018 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 although not all notifications were submitted in accordance with regulation. One recent incident where a patient sustained a head injury was not reported. This was discussed with the manager who agreed to submit the notification retrospectively. The manager was also encouraged to ensure they have access to the RQIA web portal to assist them in submitting notifications in a timely manner.

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 and storage areas. The home was found to be warm and generally well decorated, although concerns were raised in relation to environmental cleanliness. One patient representative and three staff spoken with commented negatively on the cleanliness of the home. One relative stated, "the cleaning staff do their best but I don't think it is clean." This is discussed further in this section.

Significant deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted as follows:

- deficit in the knowledge base of some staff in relation to infection prevention and control practices – particularly the use of appropriate personal protective equipment (PPE)
- limited hand hygiene observed across all grades of staff
- multiple alcohol gel dispensers empty or not working
- staff not wearing appropriate PPE and no availability of PPE in identified parts of the home
- faecal staining observed under toilet roll holders
- faeces noted on the floor of an identified shower room
- faecal staining on a staff toilet; strong malodour and an overflowing waste bin in the same area
- three sharps boxes in the clinical room did not have the aperture closed when not in use; two were not dated or signed by the staff member who assembled it; one was not assembled correctly
- no toilet check system in place
- no evidence of high dusting in patient bedrooms
- staining and rust noted on identified shower chairs – these should be replaced
- inappropriate storage in identified bathrooms including communal items and toothbrushes
- wooden storage units in identified bathrooms with broken drawers and handles – these should be replaced as they cannot be effectively decontaminated
- staining observed on waste bins in all the communal bathrooms inspected
- holes in PVC cladding in identified bathrooms
- no soap dispenser or hand towel dispenser in identified shower room
- no waste bins in some bedrooms throughout the home
- dust and debris noted on floors and skirting in communal areas throughout the home
- no evidence of a robust cleaning schedule that includes enhanced and deep cleaning/cleaning records not available for all parts of the home
- damaged and scuffed skirting noted throughout the home
- paint coming off the walls and masonry dust noted on the floor in identified bedrooms
- clutter and dirt in an identified storage cupboard and domestic store
- dining room tables and chairs not clean
- staining noted on a hoist sling; there was no system in place to ensure hoist slings are laundered
- no evidence of cleaning in the laundry; very dusty and storage of multiple inappropriate items; dust noted on the rims of the bin plastic bins used to transfer patient clothing
- not all staff wearing uniforms
- overflowing offensive waste and general waste bins.

These shortfalls were discussed with the manager who provided the inspector with assurances that these deficits would be addressed immediately. An action plan was forwarded to us post inspection. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Observation of the environment raised significant concerns in regards to the management of risks to patients. Concerns identified include the following;

- cleaning chemicals were not prepared as per manufacturers guidance
- chemicals stored in spray bottles were unlabelled
- spray bottle of liquid that was unlabelled in the laundry

- in addition, the product being sprayed was not used in keeping with manufacturer's guidance
- multiple razors were also observed stored in unlocked cupboards in two of the bathrooms.

These issues pose a significant risk of injury or harm to the patients and staff especially given the category of care of the patients supported in the home. Due to the potential risk to the health and welfare of patients and staff this was discussed with the manager and an area for improvement under the regulations was made.

In addition, four topical medicines were observed to be stored in an unlocked drawer in an identified bathroom. This was discussed with the clinical lead who arranged for their removal. This was discussed with the manager and an area for improvement under the regulations was made. The issues identified were forwarded to the medicines management inspector in RQIA for their consideration.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and falls analysis.

Areas for improvement

Four areas for improvement under regulation were identified in relation to staff training, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients and storage of topical medicines.

An area for improvement under the care standards was identified in relation to staff recruitment.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

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

Review of four patient care records evidenced that most care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, management of infections, falls and wound care. Care records did not consistently contain details of the specific care requirements in each of the areas reviewed. A daily record was maintained to evidence the delivery of care, although gaps were identified.

Deficits were identified in wound management of one identified patient. Records failed to reflect that treatment was delivered as prescribed by the Tissue Viability Nurse (TVN). The dressing regime evidenced gaps in recording in the daily records and wound evaluation chart of up to and including five days. This was detrimental to the health and welfare of the patient. In addition, the patient had been prescribed an antibiotic to treat an infection although no care plan was in place to direct care.

Gaps were noted in relation to care planning. Review of one patient's care record evidenced that care plans were not established to guide and direct staff in regards to a number of significant conditions since admission some two months earlier. Other care plans for the same patient had not be reviewed or evaluated since admission some two months earlier.

Review of post fall management highlighted concerns. Review of a witnessed and unwitnessed fall evidenced that no neurological observations were taken. In addition, inconsistencies were noted in contacting general practitioners, next of kin, completing the post fall risk assessments and falls diary. The above deficits were discussed with the manager and an area for improvement was made under the regulations.

Review of supplementary care charts including food and fluid intake charts, bowel charts and personal care records evidenced that contemporaneous records were generally well maintained. However, deficits were noted in the completion of reposition records. This was discussed with the manager and an area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. 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 could raise these with the manager or the nurse in charge.

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

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. Although the care records had a section for recording contact with relatives, there was no documented evidence of regular communication with representatives within the care records. This was discussed with the manager who agreed to discuss this with the registered nurses. This will be reviewed at a future care inspection.

Discussion with staff confirmed that staff meetings were not held frequently and minutes were not circulated to them if they were unable to attend. Staff meeting minutes were not reviewed during this inspection. Staff meetings should take place regularly, at a minimum quarterly. This will be reviewed at a future care inspection.

Patient representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients representatives were aware of who their named nurse was and knew the manager.

Areas of good practice

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

Areas for improvement

An area for improvement under the regulations was identified in relation to post fall management, wound management and care planning.

An area for improvement under the care standards was identified in relation to reposition records.

	Regulations	Standards
Total number of areas for improvement	1	1

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 10.40 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, 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, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patient representatives and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Discussion with the activities co-ordinator evidenced good communication with care staff prior to and following activities and a very varied activities programme. The activities co-ordinator was commended for the recent sponsored run they took part in to raise money for the patients comfort fund. However, there was no evidence of patient or relatives engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. The programme of activities was also not displayed in a suitable format throughout the home. This was discussed with the manager and activities co-ordinator and identified as an area for improvement under the care standards.

The environment had been adapted to promote positive outcomes for the patients. Some bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks. However, it was noted that that not all bathrooms, bedrooms and toilets had signage on them. This was discussed with the manager and identified as an area for improvement under the care standards.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. 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. No menu was available for patients during or prior to lunch. This was discussed with the cook who stated patients would request their lunch the evening before. In addition, variations to the menu were not recorded and there was no evidence of engagement with patients or their representatives in relation to their dietary preferences. This was discussed with the manager and identified as an area for improvement under the care standards.

Consultation with six patients individually, and with others in smaller groups, confirmed that living in Greenhaw Lodge Care Centre was viewed as a positive experience. Ten patient questionnaires were provided; none returned within the expected timescale. Some comments received during the inspection included the following:

"It's lovely."
"It's alright."
"I like it."

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. Three relatives were consulted to determine their views on the quality of care. Some comments received during the inspection included the following:

"I feel involved in my relatives care. I couldn't fault them. The only thing I would change is the colour of the walls in the foyer."
"Every one of them of them are brilliant. My relative loves it here. They love the craic and banter. The staff are all lovely girls. My relative is a completely different person since coming here."
"The care is compassionate here. I don't know if they have relatives meetings. The only suggestions I would make would be the cleaning of the environment and the care staff to be valued more by the company."

Ten staff members were consulted during the inspection to determine their views on the quality of care in the home. Staff were invited to complete an online survey; we had no responses within the timescale specified. Some comments received during the inspection included the following:

"I wouldn't be here if it wasn't for the patients and staff. We really care about the patients."
"The care here is excellent."
"Everyone works well together for the patients."

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 and maintaining dignity and privacy.

Areas for improvement

Three areas for improvement under the care standards were identified in relation to activities, signage and menus.

	Regulations	Standards
Total number of areas for improvement	0	3

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 a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has not been received and the need to register was discussed with the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly indicate the nurse in charge of each shift and was not signed by the manager/designated person. This was discussed with the manager who agreed to amend the rota to reflect these requirements. This will be reviewed during a future care inspection.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager will consider the introduction of equality and diversity training for staff.

The home's complaints records were not available for review. However, discussion with the manager evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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, care records and restrictive practices. In addition, robust measures were also in place to provide the manager with an overview of the management of infections and wounds, occurring in the home. Although audits were completed, the infection

prevention and control and housekeeping audits did not identify deficits found during inspection. This was discussed with the manager who agreed to review these audits to ensure the analysis is robust, action plans are generated and learning is disseminated. An area for improvement under the regulations was made.

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.

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.

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

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

The manager further confirmed post inspection that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) on the day after the inspection.

As a consequence of the issues identified during the inspection, the registered person was invited to attend a meeting at RQIA to discuss the concerns identified. At this meeting on 21 June 2018 the registered person provided RQIA with an action plan and assurances that Greenhaw Lodge Care Centre is operating in accordance with RQIA requirements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships

Areas for improvement

An area for improvement under the regulations was identified in relation to IPC and housekeeping audits.

	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 Bernie McDaniels, manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 14 July 2018	The registered person shall ensure all employees receive training appropriate to the work they are to perform. This area for improvement is made in reference to infection prevention and control and adult safeguarding training. Ref: 6.4
	Response by registered person detailing the actions taken: New Infection control training was arranged for the week after the inspection and provided by a Registered Nurse from a sister Home. Additional areas for focus in infection control training were provided and shared with the Home Trainer and will be incorporated into all future training in the Home.
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. This area for improvement is made in reference to the issues highlighted in section 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: A deep clean of the Home was arranged immediately after the inspection and a new cleaning schedule was introduced. Areas of the Home in need of immediate refurbishment were addressed in the weeks after inspection and a reburbishment programme for the remainder of the Home is ongoing. New waste bins for bedrooms were purchased and are now in place. Additional hours to support the domestic team were introduced and are in process of recruitment.

Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect	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. This area for improvement is made in reference to issues highlighted in section 6.4. Ref: 6.4
	Response by registered person detailing the actions taken: COSHH training was provided to all domestic staff by the products supplier and the compliance with this is monitored by the Home Manager and clinical lead team.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure suitable arrangements for the secure storage of medicines. This area for improvement is made with specific reference to the storage of topical medicines. Ref: 6.4
	Response by registered person detailing the actions taken: Staff's awareness and accountability in this area was addressed by the Home Manager.
Area for improvement 5 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** Immediate action required	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. This area for improvement is made in reference to the following: • post fall management • wound management • care planning. Ref: 6.5
	Response by registered person detailing the actions taken: A new policy for the management of post falls observations and actions was introduced in the days after the inspection and all accidents are followed up by the Home Manager. Wound care is now overseen centrally by the Home Manager and the auditing process includes care plan evaluations.

Area for improvement 6 **Ref:** Regulation 17 (1) **Stated:** First time **To be completed by:** 14 July 2018	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. This area for improvement is made in reference to infection prevention and control/environment audits. Ref: 6.7
	Response by registered person detailing the actions taken: The Home Manager is now responsible for auditing infection control and environmental cleanliness and designing action plans for redress of any deficits. A new hand hygiene audit is in place to monitor compliance of staff in this regard
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. This area for improvement is made with specific reference to obtaining pre-employment health checks. Ref: 6.4
	Response by registered person detailing the actions taken: The findings of the inspection was in regard to one personnel file sampled and the Home has undertaken to review all personnel files and seek assurances that all necessary pre-employment checks are in place. Home Management and administration staff will monitor this with support of Head of HR
Area for improvement 2 **Ref**: Standard 4.9 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that supplementary care records, specifically, reposition records, are completed in an accurate, comprehensive and contemporaneous manner. Ref: 6.5
	Response by registered person detailing the actions taken: The Home Manager and her registered nursing team will support care staff to ensure that the prescribed supplementary care charts which document daily care provision are recorded and managed completely

Area for improvement 3 **Ref**: Standard 11 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format to meet the needs of the patients in the home. Ref: 6.6
	Response by registered person detailing the actions taken: The activities cooridnator discussed a new activities programme with the Home Manger and designed a new programme for display within the Home in a suitable format for the resident population.
Area for improvement 4 **Ref**: Standard 43.1 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure the internal environment for the home is arranged so far as to be suited to the needs of the patients. This area for improvement is made in reference to signage in the home. Ref: 6.6
	Response by registered person detailing the actions taken: Signage has been agreed and will be supplied for all areas of the Home to identify all areas of the Home to which the resident population are encouraged to access.
Area for improvement 5 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed, updated and records retained reflecting patient's views. The menu should also be displayed in a suitable format. Ref: Section 6.6
	Response by registered person detailing the actions taken: The Home Manager will continue to support the kitchen staff to review the Home menus in consultation with residents and their significant others. A review will take place on the most suitable format in which to display the menu for residents and their relatives.

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

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care