

Unannounced Care Inspection Report 17 May 2016



Kilwee Care Home

Address: 42f Cloona Park, Dunmurry, Belfast BT17 0HH
Tel No: 02890618703
Inspector: Sharon McKnight

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kilwee Care Home took place on 17 May 2016 from 09.30 hours to 17.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the premises and grounds were well maintained.

An area for improvement was identified; to ensure that the issues of poor manual handling are addressed with the member of staff through supervision and measures implemented to ensure that their training is embedded into practice. A recommendation was made.

Is care effective?

Evidenced gathered during this inspection confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. A review of care records confirmed that patients were subject to a comprehensive assessment of need which was then used to develop appropriate care plans. There was evidence to confirm that there was regular communication with patients and their relatives regarding their care. There were arrangements in place to monitor and review the effectiveness of care delivery. Patients, relatives and staff reported that they were happy with the care. We examined the systems in place to promote communication between staff, patients and relatives and were assured that these systems were effective.

There were no areas of improvement identified in the delivery of effective care.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding day to day issues affecting them. Patients spoken with commented positively in regard to the care they received.

An area for improvement was identified regarding staff knowledge and the implementation of restrictive practice. Two recommendations were made.

Is the service well led?

There was evidence of good leadership in the home and effective governance arrangements to ensure good communication between the registered manager and acting registered person. There were systems in place to monitor the quality of the services delivered.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Ms Grace Pena, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced pre-registration inspection. This inspection took place on 24 March 2016.

An application to vary the registration of the home was submitted to RQIA on 15 December 2015 proposing internal alterations to create four additional bedrooms. The acting registered person failed to inform RQIA that the work had been completed or to request a pre-registration inspection to seek final approval prior to the rooms being occupied. RQIA senior management met with the acting registered person on 25 March 2016 under RQIA enforcement procedures. Following a review and discussion of the information presented at this meeting enforcement action did not result.

In April 2016 RQIA received an anonymous call via the duty inspector system raising concerns regarding the provision of activities within the home. At that time the caller was advised of the role of RQIA and to raise their individual concerns with the relevant health and social care trust through the complaints procedure; the caller advised they had done this. The acting responsible person was contacted by RQIA and it was agreed that the issues would be reviewed and a written response provided. A response was received on 14 April 2016 and we were satisfied with the outcomes of their investigation and with the assurances given. The caller contacted RQIA again on 20 April 2016 and was informed of the actions taken to date and that the issues the caller had raised would be used to inform future inspections.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

An inspection to Kilwee had been scheduled for 17 May 2016. Following discussion with RQIA senior management, it was agreed that the focus of the inspection would subsume the alleged areas of concerns. The outcome of the inspection did not substantiate the concerns raised. Please refer to section 4.4 of this report.

RQIA have also reviewed any evidence available in respect of serious adverse incidents, potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Merit Retail Ltd Therese Elizabeth Conway (acting)	Registered manager: Grace Pena
Person in charge of the home at the time of inspection: Grace Pena	Date manager registered: 8 January 2013
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-MP A maximum of 36 patients in category NH-DE and 12 patients in categories NH-I, NH-PH and NH-PH(E)	Number of registered places: 48

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with eleven patients individually and with the majority of others in small groups, three registered nurses, four care staff, a domestic assistant, activity leader and six relatives. Ten questionnaires were also issued to relatives and staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- five patient care records
- staff duty roster
- staff training records
- staff induction records
- staff competency and capability assessments

- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of staff meetings
- weekly manager's report
- reports of monthly visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016.

The most recent inspection of the home was an announced pre-registration inspection. This inspection resulted in no requirements or recommendations. Due to the focus of that inspection the requirements and recommendations made as a result of the care inspection undertaken on 16 June 2015 were not reviewed. These requirements and recommendations were carried forward and have been validated during this inspection. Please refer to section 4.2 below.

4.2 Review of requirements and recommendations from the last care inspection dated 16 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19(2) Schedule 4, 13 Stated: Second time	It is required that records are maintained in sufficient detail to evidence that the diet is satisfactory in relation to nutrition. Therefore it is required that records must be maintained in the home of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.	Met
	Action taken as confirmed during the inspection: A review of the record of daily food choices provided evidence of the exact nature of the meals consumed. This requirement has been met.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.3 Stated: Second time	To ensure that full advantage is being made of the choice available with the menu. It is recommended that meals which can be pureed are clearly identified on the menu choice sheet.	Met
	Action taken as confirmed during the inspection: The daily food choice record indicated which meals were suitable for patients who required a pureed meal. This recommendation has been met.	
Recommendation 2 Ref: Standard 39 Stated: First time	It is recommended that training for registered nurses in relation to communicating effectively to identify end of life care needs should be provided.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that 27 staff attended training in end of life, including communication, on 19 August 2015. This recommendation has been met.	
Recommendation 3 Ref: Standard 36.2 Stated: First time	It is recommended that: <ul style="list-style-type: none"> • the policy regarding palliative care management should be reviewed and updated to ensure that are reflective of best practice guidance, GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 • the management of the deceased person's belongings and personal effects are referenced within an appropriate policy 	Met
	Action taken as confirmed during the inspection: Policies reviewed referenced the GAIN Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013 The management of the deceased person's belongings and personal effects was included in the policy for the management of patients' property. This recommendation has been met.	

Recommendation 4 Ref: Standard 20.2 Stated: First time	It is recommended that further opportunities, to discuss end of life care, are created by the registered nurses and that any expressed wishes of patients and/or their representatives are formulated into a care plan for end of life care. This should include any wishes with regard to the religious, spiritual or cultural need of patients.	Met
	Action taken as confirmed during the inspection: A sample of care records reviewed evidence that discussion regarding end of life had taken place. Care plans were in place as required. This recommendation has been met.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 13 May 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Patients and relatives commented positively regarding the staff and care delivery.

The registered nurses spoken with were aware of who was in charge of the home when the registered manager was off duty. The nurse in charge was clearly identified on the staffing roster and displayed in the reception area of the home to inform visitors. A review of records evidenced that a competency and capability assessment had been completed with all nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they are satisfied that the registered nurse was capable and competent to be left in charge of the home.

Discussion with the registered manager and a review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed. The registered manager was knowledgeable regarding the management of the Northern Ireland Social Care Council (NISCC) registration process for newly employed care staff.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2.

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.

Two completed induction programmes were reviewed. The programmes included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager also signed the record to confirm that the induction process had been satisfactorily completed.

Training was available via an e learning system known as “EVO training” and internal face to face training arranged by Brooklands Healthcare. Training opportunities were also provided by the local health and social care trust and external agencies such as The Royal College of Nursing (RCN). The registered manager had systems in place to monitor staff attendance and compliance with training. These systems included a print out of which staff had completed an e learning training, signing in sheets to evidence which staff had attended face to face training in the home and a record of staff who attended training outside of the home. A review of the print out of mandatory training evidenced good compliance with mandatory training; for example 95% of staff had completed adult safeguarding training in the past 12 months, 90% had completed the e learning programme for fire safety. Training on delirium and dementia held in March 2016 was attended by 26 staff; a practical fire safety training was held on 21 April 2016 and was attended by 20 staff.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient’s individual care plans.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses, care staff and domestic staff were aware of whom to report concerns to within the home. Annual refresher training was considered mandatory by the home.

We met a patient in the dementia unit who could not gain access to their bedroom as staff had locked the door. This is a form of restrictive practice. The action of staff locking the door did not impact on the patient’s safety. However, the consequences of their action did impact on the patient’s rights. This issue is further discussed in section 4.5.

During lunch an incident of poor practice in moving and handling was observed. The issue was discussed with the registered manager and a review of the training records confirmed that the identified staff member had completed the e learning component of moving and handling and attended a practical training in the past seven months. There were no further issues or concerns regarding moving and handling practices observed during the inspection. It was agreed that the registered manager would address the issue with the identified member of staff through supervision and implement measures to ensure that their training was embedded into practice. A recommendation was made.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets.

The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh-smelling, clean and appropriately heated.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

Areas for improvement

The registered manager should ensure that the issues in relation to moving and handling are addressed with the member of staff through supervision and implement measures to ensure that their training is embedded into practice.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patients' nursing needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Care records were regularly reviewed and updated, as required, in response to patient need. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the registered manager and staff advised 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. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

The registered manager confirmed that staff meetings were held regularly and that records of these meetings were maintained with staff enabled to contribute to the agenda. The most recent meetings were held on 14 January 2016 and 29 April 2016 with care assistants on night duty; the signatures of the staff attending, issues discussed and any agreed outcomes were recorded. The record of each meeting was made available to staff

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the registered manager.

We spoke with the relatives of four patients regarding activities, three of whom were satisfied with the provision. One relative spoken with stated that, whilst activities were provided, they would like to see more for patients with dementia; this was discussed further and we identified that this was something they had felt since their relative was admitted to the home and was not as a consequence of any recent changes. This comment was shared with the registered manager at the conclusion of the inspection. Following discussion with the activity leader we were assured that consideration was given to patient's individual interests and needs when planning the programme. Patients, relatives and staff confirmed that there were activities provided to facilitate religious and spiritual needs.

Areas for improvement

There were no areas for improvement identified with the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

The provision of activities was reviewed following the receipt of a complaint received via the RQIA duty desk in April 2016; please refer to section 1.2 of this report. The registered manager confirmed that activities were planned on a weekly basis. The weekly activity plan was displayed on a board outside the registered manager's office and on notices boards on the first and second floor. The weekly plan also reflected the days the activity leader was off duty. Larger events, for example a forthcoming tea party, were also advertised in the lift. We discussed with the activity leader how they allocated their time taking into account the layout of the building and the varying needs of the patients. They explained that, since taking up post earlier this year they have been getting to know the patients, how they like to spend their time and, for those patients with dementia and unable to express their wishes, what their past interests would have been. The weekly programme included group activities and one to one time with the patients on the first and second floor. The activity leader spoke of recent activities they have introduced with the patients on the ground floor. One example was the Friday lunch club which started a number of weeks ago.

The aim of the club was to encourage those patients who choose to remain in their bedrooms during the day to meet together, once a week, for lunch. We spoke with six of the twelve patients resident on the ground floor. Five of the patients commented positively regarding the provision of activities; three ladies had attended the lunch club and reported that they enjoyed the time together. One lady commented:

“They do very well with activities. I have tried the lunch club and thoroughly enjoyed it.”

The two gentlemen spoken with had declined the invitation to the lunch club; one gentleman was aware there were activities but choose not to participate; the other gentleman did enjoy taking part.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

“Anything I want they will get for me.”

“They make me smile every day.”

“They are all great.”

Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. They confirmed that a quality assurance questionnaire was sent out annually to relatives of each patient. These were last sent in July 2015. A summary of the outcomes was available and reviewed. We discussed the benefits of including the actions taken to address the areas for improvement in the summary outcome.

As previously referenced in section 4.3 we observed a patient trying to open the door of a bedroom that was locked. There was a name clearly displayed on a colourful name plate on the door. The patient was repeating the name over and over. Discussion with staff confirmed that the bedroom belonged to the patient who was trying to gain access. Staff confirmed that the bedroom was locked by staff and provided a rationale for this. Whilst the patient did not present as being distressed by their inability to gain access to their bedroom the action of staff locking the door is a form of restrictive practice and impacted on their right to have free access to their room and possessions. The staff member spoken with did not recognise the locking of bedrooms as restrictive practice. Following discussion with the registered manager the bedroom was unlocked giving the patient free access to their bedroom and possessions. Staff should receive training to enable them to recognise what restrictive practice is and the potential impact of using restrictive practice on the patient’s well-being and human rights. A recommendation was made.

There was no evidence in the patient’s care records of the necessity for the restrictive practice or any evidence to support that the decision to lock the patient’s bedroom door had been discussed with any healthcare professional involved in the patients care or with their family. Any proposal to use restrictive practice should be discussed and agreed with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives. A recommendation was made.

The two bedrooms adjacent to the identified patient's bedroom were also locked. We discussed the rationale for locking these two bedrooms and were assured by the explanation given that this was not a restrictive practice.

The serving of lunch was observed on the first and second floor dining rooms. Tables were set with cutlery, condiments and napkins. Those patients who had their lunch in their bedroom were served their meal on a tray which was set with cutlery and the food was covered prior to leaving the dining room. The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

"...your kindness, respect and attention to mum in the closing days of her life will always be remembered."

"As a family we would like to express our thanks for all the wonderful care. ... was treated with respect and her colourful character was appreciated by all."

Relatives spoken with confirmed that they were made to feel welcome into the home by all staff. They were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

Ten relative questionnaires were issued; seven were returned within the timescale for inclusion in this report. All of the respondents indicated that they were satisfied or very satisfied with the care delivery in the home. Three comments were provided regarding staffing. The respondents were of the opinion that there was a lack of staff presence in a lounge, under-staffing in general on an identified floor and lack of staffing provision on night duty. One respondent also commented:

"The staff are great and I have no complaints about any of them. I just feel they could have more help."

All of the comments were shared with the registered manager who agreed to review the issues raised.

Ten questionnaires were issued to nursing, care and ancillary staff; eight were returned within the timescale for inclusion in this report. All of the responses were positive regarding the delivery of care in the home. There were no comments provided by staff.

Areas for improvement

Staff should be trained to recognise what restrictive practice is, the parameters under which restrictive practice may be implemented and the impact on patient's rights.

Any decision to use restrictive practice should be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

Staff spoken with were knowledgeable regarding line management and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registered manager confirmed that they have regular, daily contact with the patients and visitors and were available throughout the day, and some evenings, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with. Those spoken with were confident that staff and /or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was.

Relatives' meetings were held regularly. The registered manager explained that they sent letters of invitation to relatives and that records of who attended and the issues discussed were retained. Two relatives spoken with confirmed they received letters prior to the meetings and found the meetings informative.

A record of complaints was maintained. The record included the date the complaint was received, the nature of the complaint, details of the investigation and the outcome. A record of complainant satisfaction was completed by the complainant; this included how satisfied they were with how the complaint was dealt with, anything that could have been handled better and any further comment.

There were numerous thank you cards and letters received from former patients and relatives; examples of these have been included in the previous domain.

As previously discussed there were systems in place to ensure that notifiable events were investigated as appropriate and reported to the relevant bodies. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

Communication between the acting registered person and registered manager was discussed.

The registered manager explained that a weekly report was completed and sent by electronic mail every Monday to the acting registered person and relevant senior personnel within Brooklands Healthcare. The report is a summary of patients' conditions, for example infections and significant weight loss, pressure ulcers and wounds, admissions to hospital and occupancy. Management issues such as staffing, complaints, adult safeguarding, serious adverse incidents (SAI) and any inspections completed in the home were also commented on.

The registered manager confirmed that the acting registered person was present in the home regularly and this formal report ensured they were kept informed of the operational issues.

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. A copy of the report was maintained and available in the home; the report included an action plan to address any identified areas for improvement. There was evidence in the reports that the action plan was reviewed during the next visit.

Areas for improvement

There were no areas for improvement identified within the domain of well led.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Grace Pena, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

No Requirements are stated as a consequence of this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>14 June 2016</p>	<p>It is recommended that the registered manager should ensure that the issues regarding poor manual handling are addressed with the member of staff through supervision; measures should be implemented to ensure that their training is embedded into practice. Confirmation of the action taken should be provided to RQIA in the returned QIP.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Clinical supervision was carried out on 17th May, 2016 with the staff member. Spot checks and audits are regularly carried out to ensure staff are applying correct moving and handling procedures.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.10</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>28 June 2016</p>	<p>It is recommended that staff are trained to recognise what restrictive practice is, the parameters under which restrictive practice may be implemented and the impact on patients' rights.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff were asked to read the following documents to inform, guide and improve knowledge on restrictive practice:</p> <ul style="list-style-type: none"> - The Mental Capacity Act Deprivation of Liberty Safeguards - Positive and Proactive Care: reducing the need for restrictive interventions <p>This has also been added to the agenda of the next staff meeting to discuss and to ensure understanding.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>14 June 2016</p>	<p>It is recommended that any decision to use restrictive practice should be discussed, and agreed, with the relevant health care professionals and, where appropriate, the patient and their representatives/relatives.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussions have taken place with all relevant care professionals, patients and family members for those residents that require prescribed restrictive practices.</p>

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



The Regulation and
Quality Improvement
Authority

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

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