



# Unannounced Care Inspection Report 27 April 2018



## Drumclay Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 15 Drumclay Road, Enniskillen, BT74 6NG**  
**Tel No: 028 6632 7255**  
**Inspector: Michael Lavelle**

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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 and residential care for up to 52 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> EBBAY Limited  <b>Responsible Individual:</b> Patrick McAvoy	<b>Registered Manager:</b> Lorraine Bradburn
<b>Person in charge at the time of inspection:</b> Aurelian Boicu, nurse in charge followed by Joan Armstrong, nurse in charge at 08.00 hours followed by Adam Kane, acting manager at 09.00 hours.	<b>Date manager registered:</b> Acting – No application required
<b>Categories of care:</b> Nursing Home (NH) I - Old age not falling within any other category. DE - Dementia. LD - Learning disability. PH - Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 52  A maximum of 30 patients in categories NH-I, NH-PH, NH-PH(E) and a maximum of 22 patients in category NH-DE category NH-LD restricted to 2 identified individuals. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 27 April 2018 from 07.15 to 17.15 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 term 'patients' is used to describe those living in Drumclay Care Home which provides both nursing and residential care.

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 staff recruitment, induction, the home's environment, communication between residents, staff and other key stakeholders, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control, care planning, supplementary care records, activities and menus.

The majority of 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
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Adam Kane, acting manager and Patrick McAvoy, responsible individual 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2018. Enforcement action resulted from the findings of this inspection.

Concerns were raised in relation to the hours worked by the manager which impacted on administration of medicines by care staff, health and safety risks to patients in the home and inconsistent notification of accidents and incidents to RQIA. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting at RQIA on 19 February 2018. At this meeting the registered persons acknowledged the failings, submitted an action plan as to how the concerns would be addressed by management and provided RQIA with appropriate assurances. A number of areas for improvement were made, under the regulations, in regard to the issues identified. This inspection was undertaken to validate compliance.

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/)

#### 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
- the returned QIP from the previous care inspection

- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with eight patients, eight staff, two visiting professionals and four patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. 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 commencing 16 and 23 April 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
- six patient care records
- a selection of patient care charts including food and fluid intake charts, reposition charts and personal care records
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- 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.

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 12 February 2018**

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

## 6.2 Review of areas for improvement from the last care inspection dated 12 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>This is made in specific reference to the hours worked by the manager to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>Ref: 6.3.1</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of the staffing rota and discussion with the acting manager evidenced that suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. The inspector noted the positive contribution the floating manager has made in supporting the acting home manager.</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	<p>The registered person shall ensure suitable arrangements for recording, safe administration and disposal of medicines in accordance with NMC Standards for Medicines Management.</p> <p>Ref: 6.3.2</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of medicine administration and review of the medicine administration records evidenced ensure suitable arrangements for recording, safe administration and disposal of medicines in accordance with NMC Standards for Medicines Management. Medicine trollies were locked and stored safely when not in use</p>	



	and registered nurses wore a red “do not disturb” tabard while dispensing medicines. Review of supervision records evidenced supervision for registered nurses in medication processes.	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety &amp; unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>Ref: 6.3.3</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that all parts of the home to which the patients have access are free from hazards to their safety. Doors to the treatment door and domestic cupboards were locked, domestic cleaning trolleys were supervised at all times, sharps boxes were closed and stored behind a locked door and no hazardous materials were noted presenting a risk to patients.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall give notice to RQIA without delay the occurrence of any notifiable incident. The registered manager should refer to the provider guidance on the RQIA website. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 6.3.4</p> <p><b>Action taken as confirmed during the inspection:</b> Review of notifications and accidents and incidents within the home evidenced appropriate notification to RQIA. All relevant notifications were submitted retrospectively.</p>	<b>Met</b>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure best practice guidance is adhered to with regard to post falls management.</p> <p>Ref: 6.3.4</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of two care records where patients had fallen evidenced that these were managed in line with best practice guidance.</p>	<p><b>Validation of compliance</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37.4</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that accident/incident reporting documentation is completed in full to include reporting the accident/incident to the next of kin.</p> <p>Ref: 6.3.4</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of accidents and incidents within the home evidenced this was well completed and included notification of next of kin.</p>	<p><b>Met</b></p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure the staffing rota clearly identifies the following:</p> <ul style="list-style-type: none"> <li>• the nurse in charge of the home in each shift</li> <li>• the first name and surname of each member of staff</li> <li>• the designation of staff and if they are bank/agency</li> <li>• the hours worked by the manager and in what capacity</li> <li>• hours worked by the staff</li> <li>• the hours worked are signed off by the manager or designated representative.</li> </ul> <p>Ref: 6.3.1</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the staffing rota evidenced significant improvements in keeping with Standard 41. Minor deficits were noted in relation to the recording of kitchen, domestic</p>		



	and laundry staff names. Although their surname was recorded on the staffing rota their first name was not. The registered person should ensure that this deficit is addressed. However, due to the significant improvement noted this area for improvement is deemed to have been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	<p>The registered person shall ensure records held in the home are maintained in a legible format and in line with legislation and best practice guidance.</p> <p>This area for improvement is made with specific reference to the handover diary.</p> <p>Ref: 6.3.5</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of the handover diary evidenced improvement in recording and legibility. This area for improvement has been met.</p>	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	<p>The registered person shall repair the floor indentation at the entrance to the dining room, repair the damaged Formica on the wall of the shower room and repair the floor in bedroom 48 in the Millview unit.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of the environment evidenced the dining room referenced above as not in use anymore. The damaged formica has been repaired and a new floor has been laid in bedroom 28 in the Millview unit.</p>	<b>Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	<p>The registered person shall ensure that patients are provided with the choice if they want breakfast in bed or washed and dressed before breakfast.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of supervision records evidenced that a supervision was carried out with staff in relation to offering patients choice. Observation of the serving of breakfast and discussion with patients evidenced they were afforded choice.</p>	<b>Met</b>

### 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 acting 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 for weeks commencing 16 and 23 April 2018 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels, particularly in the dementia unit at night time. However, the inspector was unable to validate any staff deficiency on the day of the inspection. The inspector also discussed staff availability with patients and their representatives and they echoed the concerns of staff. Some comments received were,

“They could do with more staff in the dementia unit.”

“Occasionally patients go to bed late there.”

“The staff say they are busy on the other side of the home.”

Observation of the care delivered during this inspection, evidenced that patients’ needs were met by the levels and skill mix of staff on duty. This was discussed with the acting manager and responsible individual who confirmed that dependency levels were kept under review to determine staffing requirements and acknowledged the changing situation in the dementia unit. The responsible individual agreed to review the staffing arrangements in the dementia unit.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of one personnel files evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the acting manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Discussion with staff demonstrated a level of knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, deficits in their knowledge base were noted. For example, a number of domestic and laundry staff spoken with were not aware of the importance of wearing appropriate personal protective equipment when performing their cleaning duties. This was discussed with the acting manager who agreed to review their training needs.

Discussion with the acting manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the acting manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The acting manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The acting manager confirmed that the ASC position report would be compiled within expected timescales.

A review of documentation confirmed there were no potential safeguarding concerns since the last inspection. However, discussion with the acting manager confirmed they had the knowledge and skills to manage any issues appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Refurbishment work is continuing within the home with the addition of a new tastefully decorated lounge. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- faecal staining noted on multiple toilet roll holders
- domestic and laundry staff not wearing appropriate PPE
- inappropriate storage of equipment and personal items noted in a number of identified bathrooms including hairdressing equipment, commodes and hoists
- clutter and inappropriate storage in a number of identified storage cupboards
- significant staining and rust observed on a raised toilet seat opposite room 48 – this should be replaced
- cleaning products not diluted as per manufacturers guidance
- rusted castors on a commode in an identified bathroom in the dementia unit – this should be replaced
- extractor fans covered in dust throughout the home
- cluttered linen cupboard in the dementia unit with inappropriate storage.

Details were discussed with the manager and an area for improvement under the regulations was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection evidenced that they adhered to safe fire practices.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and the home's environment.

### Areas for improvement

The following area identified for improvement was in relation to infection prevention and control.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.5 Is care effective?

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

Review of six patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

For the most part care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However, examination of two care records evidenced deficits. Review of the first care record where a patient had recently been prescribed an antibiotic, evidenced the absence of a care plan to manage the infection. Review of the second care record evidenced deficits in wound management, for example, a wound required to have the dressing changed every three days was recorded as not changed for a seven day period. The communication book recorded that the dressing was changed as directed; however, there was no evidence to support this in the patients wound care evaluation record or the daily progress notes. This was discussed with the acting manager and because of the potential impact on patient's health and well-being an area for improvement under the regulations was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Review of supplementary care charts such as repositioning, food and fluid intake records, personal care and bowel charts evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. For example, gaps were noted in the completion of records and they were not always signed by care staff or registered nurses. One food intake record evidenced that it had been completed by a family member on a regular basis. In addition, there was no evidence of any monitoring of these records by registered nurses. Fluid intake records were also not always reviewed by registered nurses and included in the daily notes.

This was discussed with the acting manager and identified as an area for improvement under the care standards.

Review of six patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the acting manager confirmed that staff meetings were held on at least a three monthly basis and records were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

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

Discussion with the acting manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. Minutes were available.

Most patients and their representatives confirmed that they attended meetings and were aware of the dates of the meetings in advance. One relative commented that they were unaware of a recent relatives meeting and they raised this at the time with the acting manager.

Most patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. One patient did raise some specific concerns with the inspector directly in respect of communicating concerns they had to senior management. These were addressed with the patient by senior management during and post inspection to the patient's satisfaction.

### **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

The following areas were identified for improvement in relation to care planning and supplementary care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example, staff were observed to knock on patients doors before entering and kept them closed when providing personal care. 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.

Discussion with the acting manager confirmed there were two patient activities co-ordinator in the home responsible for the provision of activities. An A4 sized folder displayed some planned activities including television/newspapers, reminiscence, one to one, cooking, manicures, bingo, games and armchair activities. Discussion with the activities co-ordinators evidenced a varied programme planned to meet the individual needs of the patient's, including arrangements to meet patients' religious and spiritual needs within the home. Although the activity planner was varied and met the patients' needs it was not displayed in a suitable format or in a suitable location so that patients know what is scheduled. In addition, discussion with the activities co-ordinator and review of records did not evidence any review of activities to reflect the patients or their representative's wishes. This was discussed with the activities co-ordinator and acting manager and identified as an area for improvement under the care standards.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff 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 in their environment. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. There was an alteration to the menu by kitchen staff although there was also no evidence that these changes were recorded. This was discussed with the cook and the acting manager and a system of recording was implemented immediately. Menus available in the home reflected the changes to the planned menu although they were not displayed in a suitable format to meet the needs of all the patients. This was discussed with the acting manager and identified as an area for improvement under the care standards.



Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Eight staff members and two visiting professionals were consulted to determine their views on the quality of care in Drumclay Care Home. A poster was given to the nurse in charge to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report. Some comments received were as follows:

"I find the staff accommodating and helpful. They provide me with the information I need. The sister knows the patients inside out."

"It's ok but we don't always feel valued or listened to."

"Things have improved in the last few months especially with the new owners."

Eight patients consulted were very complimentary with one patient providing neutral comments. Some comments received were as follows:

"We are very happy here."

"It's the best."

"They look after you but there is a lot of streamlining to be done."

"The staff are great."

"I like it here."

"The staff are good but they don't have much time."

"The care is excellent. The staff are very pleasant."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the timeframe for inclusion in this report.

Two relatives were consulted during the inspection and a number of thank you cards were read. Some of their comments were as follows:

"They are very good. They have taken great care of my mum."

"I couldn't speak highly enough of Drumclay. They are very good to my relative and good to me too."

Ten patient representatives' questionnaires were left in the home for completion. One was returned within the timeframe for inclusion in the report. Some of the comments were as follows:

"During the time my relative has been here they have been very well looked after, as have I. The carers are wonderful and deliver excellent care. I have nothing but praise for Drumclay."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the acting 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 dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

The following areas were identified for improvement in relation to activities and menus.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The acting manager has very recently taken up the post and the responsible individual confirmed they are actively seeking a replacement.

A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the acting manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

The registration certificate was displayed appropriately but did not accurately reflect the current number of residential clients in the home. This was discussed with the responsible individual who agreed to follow up on this with the registration department in RQIA. A certificate of public liability insurance was current and displayed.

Discussion with the acting manager and review of records evidenced that the home was operating within its registered categories of care.

The acting manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the acting manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the acting manager was. Staff were also knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the acting 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 the acting manager and 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 in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, medicines, incidents/accidents and nutritional concerns. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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

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

The acting manager further confirmed 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.

Discussion with the acting manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the acting manager and shared with all grades of staff as appropriate.

Discussion with the acting manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection for this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Adam Kane, acting manager and Patrick McAvoy, responsible individual 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the issues highlighted in section 6.4.</p> <p><b>Ref:</b> Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Provider hereafter (RP) has ensured that Audits of the environment are reinforced which will indicatively refer to the points referred to in point 6.5 of this report.</p> <p>Supervisions with regards to infection prevention and control (IPC) policy and procedures reinforce PPE with the staff and ongoing Staff training records will ensure that all staff will receive training in IPC in line with their roles and responsibilities.</p> <p>The RP has a procedure in place with regards to the de -cluttering of storage areas and identified suitable storage for personal items and equipment . The equipment identified has been removed that is a risk to infection , cleaning of the extractor fans is now completed and linen cupbards have been reorganised. Domestic staff will continue ongoing training with regards to the appropriate COSHH guidelines and dilution of products. The RP will ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p> <p><b>Ref:</b> Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The “RP” has ensured that any residents with an infection and prescribed antibiotics will have a care plan in place to manage the infection. There are robust systems in place to ensure appropriate recording systems for wound management and dressings.</p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that supplementary care records; for example repositioning records, food and fluid charts, personal and bowel charts reflect the delivery of prescribed care accurately.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The "RP" has ensured the Reposition and food and fluid intake audits are in place to ensure contemporaneous record keeping in accordance with best practice. The RP has reinforced training with the staff to ensure there are no gaps on records and all signatures are evident. The RNs will ensure that Fluid intake records are reviewed by the RNs and included in the daily notes.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2018</p>	<p>The registered person shall develop a programme of activities that reflects the preferences and choices of the patients. This shall be displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The "RP" has ensured there is a more visual Activity planner in place for residents and displayed in a suitable format. Activity coordinators have received supervisions to evident the review of activities to be reflective of patients and representative's preferences.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2018</p>	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The "RP" has ensured that any alteration to the menu by Kitchen staff is recorded and implemented immediately. Contemporaneous menus are now in place and displayed to meet the needs of the residents.</p>

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





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