

Unannounced Care Inspection Report 19 April 2016



Drumclay Care Home (Millview Unit)

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1.0 Summary

An unannounced inspection of Drumclay Care Home (Millview Unit) took place on 19 April 2016 from 11.00 to 17.00 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.

For the purposes of this report, the term 'patients' will be used to describe those living in Drumclay Care Home (Millview Unit), which provides both nursing and residential care.

Is care safe?

A number of patients continue to be assisted by staff from bed very late in the morning and through to 12.30pm. This was evidenced not to be personal choice by patients. This matter was first identified following the inspection of 19 January 2016 and whilst the registered person had advised that this matter would be appropriately actioned, there was no evidence to validate such a statement at the time of this inspection. Care staff were also observed to be deflected from direct patient care to serve breakfast in the dining room.

Feedback provided by patients and/or their representatives in completed questionnaires all indicated their dissatisfaction with the current staffing levels.

A second lifting hoist was still not available. The absence of this equipment was evidenced to cause an avoidable delay in meeting patient need. This matter was first raised following the inspection of 19 January 2016. In the returned QIP following the January inspection the registered person advised that a second lifting hoist would be provided. However we were advised that the second hoist was broken and a new replacement was not yet available. This shortage of safe moving and handling equipment had been an issue for a number of weeks prior to this inspection.

Catering team arrangements were observed to lack consistency in that we were advised that there have been significant recruitment and retention difficulties within the catering team and that there was currently no permanent chef employed. Agency staff were required two days per week and a catering assistant five days per week. Concerns were raised in respect of the knowledge, skills and training of the interim catering staff in respect of those patients requiring modified or special diets.

The home was found to be warm, fresh smelling and clean throughout.

Four requirements were made; one requirement was stated for the second time.

Is care effective?

There was evidence that care plans had been generated from an assessment of need for each patient. However the assessments were did not reflect patient choice with regard to rising times.

The assessments of patient need informed the care planning process and there was evidence that care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements.

There was no evidence that staff meetings were held on a regular basis.

It was evidenced that patients and the majority of their representatives expressed their confidence in raising concerns with the home's staff/management.

Four recommendations were made.

Is care compassionate?

Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment. Staff interactions with patients were observed to be caring and respectful. However, patients were not being assisted out of bed in a timely manner, patient choice was not evident regarding rising times, and these patients were unable to verbalise their views.

It was disappointing that the patients have not yet been involved in the menu planning as recommended in the previous inspection report. This recommendation has been stated for the second time to ensure that the dining experience for patients is reviewed and enhanced..

Is the service well led?

The monthly monitoring report as required under regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were provided for inspection by the administrator. These were evidenced to be poorly maintained, merging Drumclay and Maple Court to one report, making reference to the reasons for staff absence and failed to illustrate that actions required had been followed through.

Significant concern was raised regarding the inappropriate use of two registered bedrooms as staff accommodation. It was confirmed during inspection that this situation was unacceptable and was required to be actioned immediately. Whilst the responsible person stated that staff were accommodated due to an emergency situation appropriate alternatives should have been sought. RQIA were informed following the inspection that alternative accommodation had been successfully identified.

Two requirements and one recommendation were made.

Considering the findings of this inspection and that four requirements and six recommendations have been made regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Following this inspection and the lack of progress identified since the last care inspection on 19 January 2016, the registered persons were required to attend a serious concerns meeting in RQIA on 25 April 2016, to discuss the inspection findings and to provide RQIA with a detailed and comprehensive action plan which illustrates how the home will return to compliance.

A follow up inspection will be undertaken in the near future to validate that compliance has been achieved and sustained.

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	6*	7*

*The total number of requirements and recommendations includes one requirement and one recommendation that have been stated for a second time.

Details of the QIP within this report were discussed with Mrs Joan Armstrong, nursing sister, as part of the inspection process. The inspection outcomes were also discussed with Mr John Coyle, acting home manager, on the 20 April 2016. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned that the quality of care and service within Drumclay (Millview Unit) was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to the Registered Person, Dr Maureen Claire Royston, and a meeting took place at RQIA on 25 April 2016. At this meeting the responsible person acknowledged the failings of the home and a comprehensive action plan was submitted. The action plan recorded what actions would be taken and the time frame within which compliance would be achieved.

A follow up inspection of the home will be planned in the near future to validate compliance and drive improvements.

Enforcement action resulted 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 estates inspection on 09 March 2016.

Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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: Four Seasons Health Care Dr Maureen Claire Royston	Registered manager: Ms Heather Lyttle
Person in charge of the home at the time of inspection: Mrs Joan Armstrong, Nursing Sister	Date manager registered: 04 September 2015
Categories of care: NH-I, RC-I	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted 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 plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Twenty patients, four care staff, two registered nurses and two patients' representatives were also consulted with.

The following information was examined during the inspection:

- staffing arrangements in the home
- four patient care records
- accident and incident records for March 2016
- falls audits for March 2016
- complaints records for March 2016
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- staff, patients' and relatives' questionnaires

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an announced estates inspection undertaken on 09 March 2016. The completed QIP was returned and approved by the estates inspector. Further validation of the registered person's compliance with this QIP will be assessed by the estates inspector at the next estates inspection. There were no areas of concern required to be validated at the time of this inspection by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 26 January 2016</p>	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that the treatment provided to each patient:</p> <ul style="list-style-type: none"> • meets their individual needs • reflects current best practice, and • is (where necessary) provided by means of appropriate aids or equipment. 	<p>Not Met</p>

	<p>Action taken as confirmed during the inspection: A number of patients continue to be assisted by staff from bed very late in the morning and through to 12.30 hours. Lunch was served at 13.00 hours. There was no evidence in the care records that it was the patients' choice to remain in bed until this time.</p> <p>Whilst a second hoist had been provided to the home, we were advised that this had broken shortly after delivery to the home. We were advised that a replacement hoist was ordered but not yet received. It was of significant concern that a temporary supply of this equipment had not been arranged ensuring that risks to both patients and staff minimised.</p> <p>This requirement has not been met and will be stated for the second time.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1 Ref: Standard 12.1 Stated: First time To be Completed by: 19 February 2016</p>	<p>The registered manager should ensure that patients and/or their representatives have input into the design of menus and the provision of appropriate food and meal choices for each patient and that there is opportunity to provide feedback on issues such as choice, quality and quantity and frequency of meals and refreshments. There should be evidence that feedback has been actioned.</p> <p>Action taken as confirmed during the inspection: There was no evidence that this consultation had taken place. The catering assistant or nursing sister could not recall any meals survey having been completed since the previous care inspection. None of the patients we spoke with could recall having been consulted regarding the design of the menus or the quality, quantity and frequency of meals. This recommendation will be stated for the second time.</p>	<p>Not Met</p>

Recommendation 2 Ref: Standard 4.9 Stated: First time To be Completed by: 19 January 2016	The registered manager should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient.	Met
	Action taken as confirmed during the inspection: Review of a sample of four patients care records, including food/fluid and repositioning records, evidenced that this recommendation had been met.	

4.3 Is care safe?

A sample of duty rotas for weeks commencing 4, 11 and 18 April 2016 was reviewed. The ratio of staff to patients, the dependency levels of patients, categories of care and the layout of the home were also reviewed.

Whilst the ratio of staff to patients appeared acceptable, there were obviously significant challenges in respect of the deployment of staff, the availability of appropriate equipment to meet the needs of the patients and the dependency levels of patients.

Agency care staff had been employed on a regular basis to cover long term leave and was block booked to ensure continuity of care. Four nursing staff had recently been employed (two registered nurses and two nurses awaiting registration who were working as care assistants).

All registered nurses and care staff on duty were consulted and informed us of the high dependency levels of patients. Staff felt that there was not enough staff on duty to meet the assessed needs of patients. Staff also stated that they were regularly taken from care duties to serve breakfasts in the dining room due to staff shortages in the kitchen.

Observations of the delivery of care evidenced that patients were not being assisted out of bed in a timely manner. One requirement has been made regarding staffing. Patients were however found to have their personal hygiene needs met and they commented well regarding the overall care provided by staff in Drumclay.

Four patients and one patient's representative completed questionnaires and all indicated their dissatisfaction with the current staffing levels. See section 4.5 for comments.

The management of catering arrangements were of concern. There was no permanent chef employed, with agency catering staff providing cover two days per week and a catering assistant five days per week. We were informed that the personal activities leader (PAL) and the housekeeper had been deployed to the kitchen on occasions. Concerns were raised in respect of the knowledge, skills and training of the interim catering staff especially in respect of those patients requiring modified or special diets.

This was discussed with senior management from Four Seasons Health Care following the inspection, who confirmed that all staff had basic food hygiene certificates and the housekeeper was also a qualified chef.

Two newly appointed staff informed us that they completed a structured orientation and induction programme at the commencement of their employment. However we were unable to

confirm this as the records were unavailable due to the acting manager being absent at the time of inspection and the majority of the documentation required for inspection was locked in the manager's office and unavailable. A requirement was made with regard to the availability of records for inspection.

Staff confirmed that the majority of training was completed via e-learning, with some face to face training provided by Four Seasons Health Care training team. Face to face training on the management of percutaneous endoscopic gastrostomy (peg) feeding took place in the home on the afternoon of the inspection. The majority of registered nurses, including those who were off duty attended this training. The training matrix/schedule for 2016/17 was unavailable.

We were unable to evidence that Drumclay Care Home had a robust system in place to ensure staff completed mandatory training. Review of a sample of two monthly monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, dated 16 February 2016 and 21 March 2016 evidenced an action "to encourage all staff to upgrade their individual e learning...." The February 2016 report recorded "minimal progress....manager to review and investigate as necessary". The March 2016 report recorded "unable to verify progress at this visit". One requirement was made with regard to mandatory training.

Discussion with the administrator confirmed that there was a system in place to monitor the revalidation dates of the registered nurses.

We were advised that registered nurses' pin numbers were checked with the Nursing and Midwifery Council (NMC) register on a monthly basis, to validate their registration status. We were unable to review the registration checks as this documentation was locked in the manager's office. The acting manager provided assurances, following the inspection, that the registration status of all nurses was checked on a monthly basis and that all nurses currently working in the home were registered with the NMC.

All staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. However, there was evidence that a number of patients had been assisted by staff from bed very late in the morning and through to 12.30 hours (stated for the second time). There was no evidence of patient choice with regard to the time they were got up out of bed or that patients' human rights had been protected through a person-centred care approach. Refer to section 4.5 for further detail.

Review of management audit for falls for March 2016 confirmed that the number, type, place and outcome of falls were analysed to identify patterns and trends. There were only two minor accidents, therefore no actions were required. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29. The audits of falls for previous months were unavailable.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were updated following each incident. Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

However, we were informed that two staff were living in the lower ground accommodation (in registered rooms no longer used by patients). Access to this area was via the main lobby of the home. The use of these rooms as staff accommodation was discussed with senior management of Four Seasons Health Care who accepted that this was inappropriate but stated that it was an emergency situation. It was agreed that such an emergency situation was not acceptable and that alternate accommodation must be arranged immediately. The use of such rooms as staff accommodation is a breach of the homes statement of purpose. It places the patients at risk and therefore cannot be allowed. Following the inspection we were advised that alternate accommodation had been arranged and the staff members were no longer living at Drumclay.

One requirement has been made with regard to adherence to the written Statement of Purpose for the home. See section 4.6.

Areas for improvement

A review of both staffing levels and the deployment of staff must be conducted to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.

A second lifting hoist must be made available to meet the assessed needs of patients. This requirement has been stated for the second time. Refer to section 4.2.

The registered person shall maintain in the nursing home the records specified in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005. These records shall at all times, be available for inspection.

Records should be available to evidence that all staff have received mandatory training and other training appropriate to the work they are to perform.

Number of requirements	4*	Number of recommendations:	0
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*Includes one requirement that has been stated for a second time.

4.4 Is care effective?

A sample of four patients' care records was reviewed. There was evidence that care plans had been generated from an assessment for each patient. However the assessments were not comprehensive or holistic in that they did not reflect patient choice with regard to rising times. A recommendation has been made accordingly.

There was evidence that care records 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.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

We were informed that a range of audits had been completed on a monthly basis, including the following:

- care records
- pressure ulcers
- bed rails
- accidents/incidents

Quality of life audits were also completed on a weekly basis and analysed monthly. As discussed in section 4.5 a sample of two of these audits were forwarded following the inspection and the feedback provided by patients was very positive. Review of a bed rail audit dated 31 March 2016 evidenced a number of bed rail protectors were torn. There was no evidence that appropriate actions had been taken to address the shortfalls identified. A recommendation was made accordingly.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that this information sharing session provided sufficient detail of the care needs of the patients.

Staff confirmed that staff meetings were not held on a regular basis and records were unavailable. DOH Care Standards for Nursing Homes 2015 advise that staff meetings should be maintained at least quarterly. A recommendation has been made in this regard.

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 their line manager and /or the registered manager. One staff member felt that their line manager would not promptly address any concerns/expressions of dissatisfaction. This was discussed, following the inspection, with the acting manager who agreed to follow up.

There was no evidence of patient and/or relatives meetings. Patients, relatives and staff who met with the inspector stated that they could not recall any meetings taking place over the past year and there was no evidence of records of minutes of meetings. A recommendation has been made.

Six patients and two representatives consulted during the inspection expressed their confidence in raising concerns with the home's staff/management. Questionnaires received from four patients following the inspection, indicated their satisfaction with the manager's availability to manage concerns. One questionnaire received from a relative however indicated a lack of confidence in the management team. See section 4.5 for comments.

Areas for improvement

A detailed care plan for each patient should be generated from a comprehensive, holistic assessment. This should reflect patient choice with regard to rising times. Assessments and care plans should be completed in partnership with the patient and their relatives.

The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there should be evidence that the necessary improvements have been embedded into practice.

Staff meetings should take place on a regular basis and at a minimum quarterly. Records of these meetings should be maintained.

Patients and/or relatives meetings should be held on a regular basis and records maintained.

Number of requirements	0	Number of recommendations:	4
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4.5 Is care compassionate?

Patients were observed to have good standards of personal hygiene and appeared content and relaxed in their environment. Staff interactions with patients were observed to be caring and respectful. However, as discussed in sections 4.2 and 4.3, patients were not being assisted out of bed in a timely manner. Patients choice regarding rising times had not been documented in care records and these patients observed to be rising very late in the morning, were patients unable to verbalise their views and opinions due to frailty. We were unable to evidence that all staff interactions were therefore compassionate, caring and timely due to this apparent lack of consideration to patient's needs. A recommendation has been made in this regard.

Observation of the lunch time meal confirmed that patients had been given a choice in regards to day to day food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. There was no evidence that patients had been consulted in respect of menu planning as previously stated in the inspection of January 2016. The catering assistant or nursing sister could not recall any meals survey having been completed since the previous care inspection. None of the patients we spoke with could recall having been consulted regarding the design of the menus or the quality, quantity and frequency of meals. This recommendation will be stated for the second time.

Six patients commented positively in regards to the care they received and life in the home. While four patient questionnaires indicated dissatisfaction with staffing levels, all patients felt that the care received was compassionate.

Discussion with staff confirmed that there were systems in place to obtain the views of patients and their representatives on the quality of the service provided. Quality of life audits were completed on a weekly basis and analysed monthly. The results of audits for February, March and April 2016 were forwarded by the acting manager following the inspection. These audits showed 100% satisfaction rate across all areas except one. "How likely are you to recommend this home to family and friends if they needed similar care or treatment?" Patients scored between 84 - 98% in this area. There were no areas for improvement identified.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Three staff, four patients and one patient's representative completed questionnaires. Comments received were generally very positive. All patients felt the overall care and services provided was "good", however there were some areas for improvement identified. Two staff expressed concerns regarding staffing levels and leadership. One relative expressed a number of concerns regarding care provided in general. These comments were discussed with the acting manager who agreed to follow up the issues. Some comments received are detailed below:

Staff

- “we all work well together”
- “We get a lot of training, mostly e-learning”
- “we have a lot of high dependency patients, that require assistance of two staff”
- “we would need more staff to meet patients’ needs”
- “I feel the service is not managed well”

Patients

- “the staff are all very good. The only thing is there is not enough of them”
- “I have no complaints. I am treated well.”
- “there’s a shortage of staff at times”
- “I do not know who the manager is”

Patients’ representatives

- “there is not enough staff on duty to care for patients”
- “I do not feel the service is well managed”

Areas for improvement

It is recommended that all staff are trained and can demonstrate that they understand the rights of patients and how to promote and uphold these rights.

The dining experience for patients should be reviewed and enhanced in consultation with patients and/or their representatives. This recommendation has been stated for the second time. Refer to section 4.2.

Number of requirements	0	Number of recommendations:	2*
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*Includes one recommendation that has been stated for a second time.

4.6 Is the service well led?

Discussion with the nursing sister and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. The registered manager was on long term leave and arrangements were in place for the management of the home in the absence of the registered manager. RQIA were notified of these arrangements in accordance with legislation. Review of three weeks duty rotas failed to identify the person in charge of the home, in the absence of the registered manager. A recommendation has been made in this regard.

Discussion with registered nurses and observation of patients, evidenced that the home was operating within its registered categories of care. The registration certificate was displayed appropriately.

We were informed that two staff were currently living in the lower ground accommodation (in registered rooms no longer used by patients). Access to this area was via the main lobby of the home. The use of these rooms as staff accommodation was discussed with senior management of Four Seasons Health Care who accepted that this was inappropriate but stated that it was an emergency situation. The lack of insight into the risks associated with this decision to allow staff to live in registered beds raised significant concern. It was agreed that such an emergency situation was not acceptable and that alternate accommodation must be arranged immediately. We were informed that the company intended to submit an application to deregister all five beds within this separate unit following this inspection. Following the inspection we were advised that alternate accommodation had been sought and the staff members were no longer living at Drumclay.

One requirement has been made with regard to adherence to the written Statement of Purpose for the home.

A certificate of public liability insurance was current and displayed.

As discussed in section 4.3, records required for inspection were not readily available as they were locked in the registered manager's office. This does not reflect a service that is well managed and prepared for inspection. Staff did not have access to this office at the time of the inspection.

The home's complaints records were maintained on a computerised system and were not readily available to us. Following discussion with the administrator and a telephone call to Four Seasons Health Care head office, complaints records for the month of March 2016 were made available for inspection. These records evidenced that no complaints had been received during March 2016. The monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 also stated that there were no complaints received in February and March 2016.

We were unable to evidence that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The records of notifiable events were unavailable for inspection. However, we were able to review a sample of two monthly monitoring reports which indicated that only two notifiable events had occurred in February and March 2016. This figure corresponded to the number and type of notifiable events reported to RQIA during this period.

The monthly monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were evidenced to be poorly maintained, merging Drumclay (Millview) and Maple Court to one report, making reference to the reasons for staff absence and failing to illustrate that the required actions had been followed through. They appeared to be internal audit reports rather than open documents for public reference.

Within the Regulation 29 report of the 16 January 2016, there was an indication that the time residents have been brought to the dining room was not appropriate; however, there was no action plan to address this.

The Regulation 29 report of the 21 March report was completed by the resident experience manager, which was inappropriate as we were informed that the resident experience manager was acting manager on that date and therefore in day-to-day charge of the nursing home at that time. However, following the inspection we received assurances from Four Seasons Health Care senior management that there had been an error in recording the dates on the report.

Discussion with staff and review of audit records evidenced that there were procedures to facilitate audits, including clinical audits and patient satisfaction surveys. Results of audits were analysed, however there was no evidence that appropriate actions had been taken to address the shortfalls identified. (Refer to sections 4.3 and 4.4 for further detail).

Areas for improvement

Services must be delivered in accordance with the Statement of Purpose as approved by RQIA at the time of registration. The Statement of Purpose must be kept under review and changes are only made with the approval of RQIA.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 should be completed in accordance with the regulations and/or care standards. An action plan should be generated to address any areas for improvement.

Duty rotas should identify the name of the nurse in charge of the home on each shift.

In considering the findings of this inspection and that a number of requirements and recommendations have been made regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

Number of requirements	2	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joan Armstrong, nursing sister, as part of the inspection process. The inspection outcomes were also discussed with Mr John Coyle, acting home manager, on the 20 April 2016. 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	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that the treatment provided to each patient:</p> <ul style="list-style-type: none"> • meets their individual needs • reflects current best practice, and • is (where necessary) provided by means of appropriate aids or equipment. <p>Reference: Section 4.2</p>
	<p>Response by registered person detailing the actions taken: The above three areas have been fully reviewed and addressed. All necessary equipment or aids are now in place. Registered Manager will continue to monitor.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2016</p>	<p>The registered person must review staffing levels and the deployment of staff to ensure that, at all times, suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: Staffing levels reviewed, additional 8-12 care assistant in place at present.</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2016</p>	<p>The registered person must maintain in the nursing home the records specified in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005. These records shall at all times, be available for inspection in the home.</p> <p>Reference: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: A separate key for Home Manager office is now available in the Administrators office and all Registered Nurses are aware</p>

<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2016</p>	<p>The registered person must ensure records are available to evidence that all staff have received mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference: Section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken: Training file is available and all mandatory training is available via Soar. Records include face-to face training and statistics available for on-line training</p>
<p>Requirement 5</p> <p>Ref: Regulation (3) (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2016</p>	<p>The registered person must ensure services are delivered in accordance with the Statement of Purpose as approved by RQIA at the time of registration. The Statement of Purpose is kept under review and changes only made with the approval of RQIA.</p> <p>Staff must not be accommodated in registered rooms within the home.</p> <p>Reference: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: Addressed following inspection</p>
<p>Requirement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2016</p>	<p>The registered person must ensure that the monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 have been completed in accordance with the regulations and/or care standards. An action plan should be generated to address any areas for improvement.</p> <p>The registered person must be mindful that the report should be made public on request and should not contain information of a confidential nature.</p> <p>Reference: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: Addressed by Regional Manager</p>

Recommendations	
Recommendation 1 Ref: Standard 12.1 Stated: Second time To be Completed by: 01 June 2016	<p>The registered manager should ensure that patients and/or their representatives have input into the design of menus and the provision of appropriate food and meal choices for each patient and that there is opportunity to provide feedback on issues such as choice, quality and quantity and frequency of meals and refreshments. There should be evidence that feedback has been actioned.</p> <p>Reference: Section 4.2</p>
	<p>Response by registered person detailing the actions taken: Quality Dining audits in place, food surveys completed in April 2016, feedback provided at resident and relatives meetings and minutes available. Feedback around dining and food is also available through the Quality of Life Programme</p>
Recommendation 2 Ref: Standard 4.1 Stated: First time To be Completed by: 01 June 2016	<p>The registered manager should ensure that a detailed care plan for each patient has been generated from a comprehensive, holistic assessment. This should reflect patient choice with regard to rising times. Assessments and care plans should be completed in partnership with the patient and their relatives.</p> <p>Reference: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: Care plans have been reviewed with residents or their representatives, and now reflect the residents preferred choice of rising and also retiring to bed.</p>
Recommendation 3 Ref: Standard 41 Stated: First time To be Completed by: 30 June 2016	<p>The registered manager should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records of these meetings should be maintained.</p> <p>Reference: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: Head of Department meetings have taken place and will be ongoing, staff meetings and trained staff meetings have also taken place throughout May 2016. Minutes are available and scheduled on a planner for the rest of the year</p>
Recommendation 4 Ref: Standard 7.1 Stated: First time To be Completed by: 30 June 2016	<p>The registered manager should ensure that patients and/or relatives meetings are held on a regular basis and records maintained.</p> <p>Reference: Section 4.4</p>
	<p>Response by registered person detailing the actions taken: A relatives meeting took place 19th May 2016, minutes are available and feedback received from relatives received.</p>

<p>Recommendation 5</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2016</p>	<p>The registered manager should ensure that all staff have been trained and can demonstrate that they understand the rights of patients and how to promote and uphold these rights.</p> <p>Reference: Section 4.5</p> <hr/> <p>Response by registered person detailing the actions taken: Training is arranged for 1st and 4th July</p>
<p>Recommendation 6</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered manager should ensure that the results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there should be evidence that the necessary improvements have been embedded into practice.</p> <p>Reference: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: All audits in place and actions necessary are followed through by devising actions plans which will be cascaded via staff meetings.</p>
<p>Recommendation 7</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>The registered manager should ensure duty rotas identify the name of the nurse in charge of the home on each shift.</p> <p>Reference: Section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken: Nurse in charge is now identified on the duty rota</p>

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



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