



Unannounced Care Inspection Report 29 August 2019



Millcroft

Type of Service: Nursing Home
Address: 66 Mill Street, Enniskillen BT74 6DW
Tel no: 028 6632 4000
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 70 patients.

3.0 Service details

<p>Organisation/Registered Provider: Carewell Homes Ltd</p> <p>Responsible Individual: Carol Kelly</p>	<p>Registered Manager and date registered: William John Hayden – Registration pending</p>
<p>Person in charge at the time of inspection: Carmen Leonard, Clinical Lead</p>	<p>Number of registered places: 70</p> <p>A maximum of 1 named patient in category NH-DE. The home is also approved to provide care on a day basis for 2 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 61</p>

4.0 Inspection summary

An unannounced inspection took place on 29 August 2019 from 08.05 hours to 18.50 hours.

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.

As a result of the inspection, RQIA were concerned that a number of areas in relation to the quality of care and service delivery within the Millcroft were below the minimum standard expected. A decision was taken to invite the responsible individual to a serious concerns meeting in relation to infection prevention and control (IPC), the environment, fire safety, pressure area care, record keeping, control of substances hazardous to health (COSHH), registration checks, quality governance audits, reporting of notifiable events, risk management, supervision and appraisal and monthly monitoring visits. This meeting took place at RQIA on 5 September 2019.

At this meeting Carol Kelly, responsible individual, Wendy Shannon, Quality Governance Manager and William John Hayden, manager, acknowledged the deficits identified and provided an action plan as to how these would be addressed by the Millcroft management team. RQIA was provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. RQIA will continue to monitor and review the quality of service provided in the Millcroft and will carry out a further inspection to validate sustained compliance and to drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Evidence of good practice was found in relation to staff interactions with patients, the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and maintaining good working relationships.

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. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*7	*9

*The total number of areas for improvement in relation to care includes one standard which has been stated for a second time. One regulation and four standards in relation to finance have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Carmen Leonard, Clinical Lead, Carol Kelly, Responsible Person and Wendy Shannon, Quality Governance Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting. Following this meeting a decision was made to take no further enforcement action at this time.

4.2 Action/enforcement taken following the most recent inspection dated 11 March 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 11 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 19 August 2019 to 1 September 2019
- 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
- two staff recruitment and induction files
- three patient care records
- three patient reposition charts
- a sample of governance audits/records
- notifiable incidents to RQIA
- complaints record
- compliments received
- a sample of monthly monitoring reports for June 2019 and July 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned. • Governance audits in respect of care records should be improved to ensure care plans are maintained as required. • 	Not met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of audits which were not sufficiently robust in identifying deficits within the environment, IPC and care records.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 Schedule 4 (10) Stated: First time	The registered person shall ensure that each patient has a record of the property which they have brought to their room (these records should be reconciled and signed and dated by two people at least quarterly).	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.10 Stated: First time	The registered person shall ensure that income and expenditure records reflect the amount of any money withdrawn for expenditure and the return of any change from the purchase.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 3 Ref: Standard 14.20 Stated: First time	The registered person shall ensure that the appointee details for the identified patient are reflected in their individual agreement with the home.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 2.5 Stated: First time	The registered person shall ensure that the individual written agreement for the identified patient is shared with their representative for review and signature.	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 08.05 hours during the shift handover and were greeted by staff who were helpful and attentive. Patients were mainly in their bedroom and following the shift handover staff were observed attending to patients' needs. Observation of the delivery of care evidenced that patients were afforded choice, privacy, dignity and respect and staff interactions with patients were observed to be compassionate and caring. Staff attended to patient's needs as promptly as possible; however, we noted that personal care of patients was ongoing at 11.50 hours. This was discussed with the clinical lead who advised that this was not a regular occurrence and that some of the staff on duty had recently commenced employment and were continuing to develop in their role. Further discussions with the responsible individual and quality governance manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients, however, staff did comment that the staffing levels can be affected by short notice absenteeism which can make it difficult to carry out their role effectively on occasions. Comments from staff included:

- "I love my job."
- "It is very difficult when staff ring in sick, it can put pressure on other staff."
- "Feel staffing levels can affect morale."
- "Feel supported."

Staff stated that they were aware of the home's recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Millcroft. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC); however, there were deficits in relation to the monitoring of care assistants registration with the Northern Ireland Social Care Council (NISCC). Following the inspection the names of all care assistants employed by the home were provided to RQIA with evidence of action that had been taken by the manager to address the issue. During the meeting at RQIA we received assurances that the manager had implemented a monitoring system to ensure that the necessary registration checks were in place. This will be reviewed at a future care inspection to ensure that the necessary improvements have been made.

We reviewed staff supervision and annual appraisal records which identified that registered nurses were not receiving their twice yearly supervisions or yearly appraisals. This was

discussed with the clinical lead and an area for improvement was identified. During the meeting at RQIA the manager acknowledged that this was overlooked and agreed to action this going forward.

On review of two staff recruitment records it was evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. One recruitment folder did not have evidence of the employee's reason for leaving their previous employment and there was no reference from the most recent employer. This was discussed with the clinical lead who advised that the reason for leaving previous employment is generally discussed at interview but was not documented on this occasion and that they were having difficulties in obtaining the most recent employers reference.

During the meeting the manager acknowledged the short fall in the homes interview/recruitment documentation and provided an action plan stating that they had reviewed the recruitment form with the aim of capturing all relevant information before the commencement of employment. This will be reviewed at a future inspection to ensure that the process of recruiting staff is in accordance with regulations.

A number of audits were completed on a monthly basis by the manager and/or clinical lead to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the issues identified during inspection a discussion was held with the management team around the effectiveness of the audits. This is discussed further in 6.6.

There was a deficit in the knowledge base of staff in relation to the management of IPC where equipment and furniture was observed to be ineffectively cleaned and communal items were observed to be inappropriately stored in sluice rooms. Identified equipment/furniture was observed to be torn, chipped or damaged rendering it impossible to effectively decontaminate. Staff were observed to be non-compliant with the principles of good IPC and linen trolleys evidenced that net pants were being laundered for communal use. The above deficits were discussed in detail with the clinical lead and identified as an area for improvement.

Concerns were identified in the management and storage of chemicals which posed a risk for patients. On review of the environment we identified the domestic room door was unlocked with chemicals easily accessible and a communal area within the home with unsupervised access to chemicals. This was discussed with the clinical lead and identified as an area for improvement.

Food thickening agents, denture cleaning tablets and toiletries including razors were unsecure within patients' bedrooms. We identified potential ligature risks associated with window dressings. The manager was made aware of the urgent need to review all window dressings to assess any potential risks and agreed to review the current storage arrangements to ensure patients safety. This was identified as an area for improvement in relation to current health and safety guidelines.

Equipment was also found to be inappropriately stored in an identified smoking room. We further identified a bedroom and a quiet room to be cluttered with various items of patient equipment. During the meeting the responsible individual agreed to remove any unnecessary equipment that was no longer fit for purpose and to submit a variation application to remove one bedroom from the registered number of bedrooms to accommodate for storage space. This was identified as an area for improvement.

There was poor management of the risks with ongoing refurbishment in the home. Various tools were left in patient areas and a first floor window restrictor was removed by builders to facilitate waste disposal and then left unattended. It was of significant concern that the inspector had to highlight the immediate risks for patients to management although immediate action was taken to correct the areas of concern. During the meeting the responsible individual and management team provided assurances that any ongoing refurbishment works would be monitored closely to maintain patient safety.

There were a number of doors throughout the home propped open; this included the kitchen door which is considered a high risk area where a fire could potentially start. Staff displayed a lack of awareness of the risks associated with this practice throughout the inspection. This was identified as an area for improvement and discussed with the clinical lead.

Records of staff training in mandatory topics were not fully available during the inspection. Staff confirmed that they were enabled to carry out training via an online system and that the training provided them with the necessary skills and knowledge to care for the patients. Concerns were identified that training in fire awareness, IPC and COSHH has not been imbedded into practice. This was discussed with the clinical lead and identified as an area for improvement.

Areas for improvement

The following areas were identified for improvement in relation to supervision and appraisal, infection prevention and control (IPC), COSHH, risk management, the home's environment, fire safety, and training.

	Regulations	Standards
Total number of areas for improvement	4	3

6.4 Is care effective?

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

We reviewed three patient care records which contained the management of nutrition, patients' weight, management of infections and wound care. Care plans generally reflected the assessed needs of the patient; however, they were generic in nature and often lacked a person centred approach. On review of one patient's care records we identified that there were inconsistencies in care plans and the daily progress notes in relation to wound care and treatment. Other care records had admission documentation regarding patient's medical history and on review of the care plans there was no specific plan in place to direct the care required. This was discussed with the clinical lead during the inspection and identified as an area for improvement.

On review of a sample of repositioning records there were gaps identified within the charts where the patient had not been repositioned as per their care plan. There were inconsistencies in relation to the recording of the frequency of repositioning on identified recording charts. The clinical lead acknowledged the shortfalls in the documentation and agreed to review all patients' care plans regarding pressure area care and to communicate with relevant staff to ensure they document accurately the daily events within patients care records.

Areas for improvement

The following areas were identified for improvement in relation to record keeping and pressure area care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Consultation with 15 patients individually, and with others in small groups, confirmed that living in the Millcroft was a positive experience.

Patient comments:

- "Staff are very kind."
- "No concerns. I enjoy living here."
- "Very settled here."
- "Staff are looking after me well."
- "I am very happy here."
- "Great place."

Representative's comments:

- "The staff are very friendly."
- "The patients are well looked after."

Three questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included:

- "The staff are incredible."
- "All aspects of my care are 100 per cent."
- "We are delighted with the level of care and all the staff are wonderful."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Refurbishment work was ongoing within the home and patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

We observed the serving of the breakfast meal. Breakfast commenced at 09.00 hours and a range of drinks were offered to patients. Trays were delivered to patients in their bedroom as per their personal choice, whilst other patients were seated in a corridor area which had boxes and unused equipment stored within the corridor. Over bed tables were used to serve the breakfast to patients and the overall environment did not lend itself to a pleasant dining experience. This was discussed with the responsible individual who agreed to review the corridor areas and enhance the environment. This will be reviewed at a future care inspection.

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The large central dining room had been suitably refurbished, however, on review of the menu it was not appropriately displayed and several patients who were seated for tea in the afternoon were unsure what was on the menu. This was discussed with the responsible individual who agreed to review the location of the menu and to consider a menu at each table.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately, however, there were three incidents where notifications had not been submitted to RQIA in accordance with regulation. This was discussed with the responsible individual who agreed to have the manager submit the notifications retrospectively and an area for improvement was identified.

There were ineffective auditing processes which failed to drive improvement and a lack of regulatory response in regard to the quality improvement plan (QIP) from the care inspection on 21 February 2019. As previously discussed in 6.3 the quality of management and governance audits maintained in the home were evidenced to be below a satisfactory standard. An area for

improvement which was identified at the previous inspection in relation to the governance of audits was not met and has been stated for a second time.

It was of significant concern that the audits maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 also failed to recognise the issues identified. Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Although the reports documented that audits had been carried out, they failed to fully identify the issues that were evident during the inspection in relation to the environment and deficits in IPC practices. This was discussed at the meeting in RQIA and a robust action plan was provided detailing the refurbishment plan, training dates and review of auditing systems. Assurances were provided that the future monitoring visits would review the content of the audits and establish appropriate action plans where necessary.

We are also concerned regarding the use of CCTV cameras in patient communal areas. There was no policy on the use of such equipment available and there was no evidence that patients or their representatives are aware of the level of surveillance maintained and the associated lack of privacy. During the meeting the responsible individual stated that they had considered the use of the outdoor cameras only and would remove the internal cameras. This will be reviewed at a future inspection.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement during the inspection in relation to the reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmen Leonard, Clinical Lead, Carol Kelly, Responsible Person and Wendy Shannon, Quality Governance Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 Schedule 4 (10) Stated: First time To be completed by: 11 May 2019	<p>The registered person shall ensure that each patient has a record of the property which they have brought to their room (these records should be reconciled and signed and dated by two people at least quarterly).</p> <p>Ref: 6.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: An action plan was drawn up by the Q&G Lead following the inspection which outlined IPC issues identified. RQIA received a copy of the action plan at the serious concerns meeting on 5/9/19. A further action plan was formulated based in respect of Regulations 13, 10 21, and is updated following actions taken. This includes training, revising IPC policy, environmental interventions such as replacing equipment, storage, audits and cleaning schedules.. At time of submission of QIP, IPC training compliance is 91% Action Plan will be available at re-inspection.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: With Immediate effect	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Actioned. Domestic room doors are locked at all times and this is monitored by management on daily walkabout. At time of submission of QIP, COSHH training compliance is 93%.</p>
Area for improvement 4 Ref: Regulation 27 (4)(b) Stated: First time	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p>

<p>To be completed by: With immediate effect</p>	<p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Actioned. Automatic door closures, linked to the fire alarm system have been fitted to Laundry and kitchen. At time of submission of QIP, Fire Safety training (online) is 92%. Staff also attended face to face Fire Safety and Equipment training on 12/9/19</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • window blinds and curtain tie backs • storage of food thickening agents, denture cleaning tablets and toiletries including razors <p>Ref: 6.3</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Care plans must be person centred and relevant to the patients current care needs. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Actioned. Ligature risk has been eradicated. All cords are now secured with recommended product at side of window. Unit 1-locked cupboards store food thickening agents Unit 2-food thickening agents are stored in the treatment room. Families have been advised not to bring in denture cleaning tablets. Toiletries and razors are stored within the bathroom cabinet. A benchmarking exercise with the same care category share the same practice. In the event that a resident may be at risk of injury, a risk assessment will be carried out.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event which adversely affects the wellbeing or safety of any patient.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Actioned. A hard copy of Form 1(a) Adult Notification is available for staff to report incidents out of hours and at weekends, and is</p>

	forwarded to office FAO the Manager to report via the RQIA Portal.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 29 October 2019	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned. • Governance audits in respect of care records should be improved to ensure care plans are maintained as required. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Actioned. Environmental/IPC Audit and Bedroom Audit documents were revised following the inspection and now capture all elements of IPC practice.</p> <p>Management are conducting daily walkabouts and an action plan is drawn up to identify/address IPC deficits. A more 'home specific' IPC audit will be developed over the coming months. In the meantime, management will continue to use the aforementioned documentation.</p> <p>Three RN's have attended the NI Branch Annual Conference-IPC on 9/10/19 and two have been assigned IPC Link Nurse for each unit in the Home.</p> <p>In relation to emptying and decontamination of commodes, a risk assessment was carried out for use of sluice rooms, taking COSHH Regulations (2002) into consideration, as there is no ventilation in the room, therefore providing a hazard for potential inhalation of dangerous fumes (safety data sheet No.1907/2006). A waste bin and laundry bag would require to be removed from the room (measures 1.1m sq) prior to staff member being able to access the sluice bowl. The risk assessment therefore deemed the sluice rooms unfit for purpose for this procedure. The PHA and the IPC Dept in SWAH were contacted and could not provide any further advice. All bedrooms have an en-suite facility and a Standard Operating Procedure has been implemented to dispose of bodily waste and decontamination of equipment in a more controlled environment, and not breaching COSHH Regulations. The bedpan washer is operational and is also utilised.</p> <p>Actioned. A schedule for care plan audits is in place to ensure care plans are maintained as required. Care plans are audited every 4-5 months.</p>
Area for improvement 2 Ref: Standard 14.10	<p>The registered person shall ensure that income and expenditure records reflect the amount of any money withdrawn for expenditure and the return of any change from the purchase.</p>

<p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.20</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2019</p>	<p>The registered person shall ensure that the appointee details for the identified patient are reflected in their individual agreement with the home.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.5</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2019</p>	<p>The registered person shall ensure that the individual written agreement for the identified patient is shared with their representative for review and signature.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2019</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Actioned. The schedule has been revised and supervision and appraisals have commenced for nurses in the first instance. At time of submission of QIP, 89% of RN's have had an annual appraisal.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that a review of the storage arrangements in the home is carried out and that equipment/items are stored appropriately and safely at all times.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Actioned. The RI has submitted a variation for the identified bedroom. This is now used for storage of equipment. Equipment, furniture no longer fit for purpose has been disposed of. This is ongoing.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2019</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • that a record of all training is kept within the home and available during inspection • the effect of training on practice and procedures is evaluated as part of quality improvement. <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Actioned. A new training matrix has been implemented which records both online and face to face training. This is populated on a hard copy within the training file. A training evaluation form is completed for face to face training and staff have access to a reflective summary with online training. At time of submission of QIP, online mandatory training compliance is 89%</p>
<p>Area for improvement 9</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p>

To be completed by: 29 October 2019	<ul style="list-style-type: none">• Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken: A review of repositioning charts has been undertaken and some residents were discontinued of same following reassessment . Care plans have been reviewed to ensure they reflect current needs.

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



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