

Unannounced Care Inspection Report 11 and 12 May 2016



Carrickfergus Manor

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**Inspector: Heather Sleator and
Ruth Greer**

1.0 Summary

An unannounced inspection of Carrickfergus Manor took place on 11 May 2016 from 09.40 to 17.00 and 12 May 2016 from 09.40 to 16.30 hours. On this occasion, Ruth Greer, Residential Care Inspector, undertook the inspection of the residential unit in Carrickfergus Manor.

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

Is care safe?

Following discussion with patients, representatives and staff; and a review of records there was evidence of good delivery of care to patients. Despite this, weaknesses were identified in the delivery of safe care, specifically in relation to staffing arrangements and the administration of medicines. Issues in relation to the staffing arrangements in the home were raised by patients, relatives and staff and are detailed in sections 4.3 and 4.5. Regarding the administration of medicines, registered nurses should accurately record the time of administration of any medicine given to a patient. These deficits have led to a reduction in positive outcomes for patients. Two recommendations have been stated

Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning in the residential unit, shift handovers and mealtime arrangements. Three recommendations have been stated to secure compliance and drive improvement.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Comments made by a small number of patients, relatives and staff of a more negative nature are also included in the report. Weaknesses have been identified in the arrangements for the provision of activities in the home and a more robust system of governance in respect of service user satisfaction is recommended. The arrangements for the provision of activities in the home had been raised previously and there has been limited evidence of improvement since the last inspection. One requirement and one recommendation have been made

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately.

Areas of weakness were identified within section 4.6. A requirement in respect of governance arrangements has been stated.

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 Department of Health (DOH) Care Standards for Nursing Homes 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Carrickfergus Manor which provides both nursing and residential care.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 5 |

Details of the QIP within this report were discussed with Joanne Neville, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 21 April 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 (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

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|--|--|
| Registered organisation/registered person: Runwood Homes Logan Logeswaran | Registered manager: Joanne Neville |
| Person in charge of the home at the time of inspection: Joanne Neville | Date manager registered: Joanne Neville - 17 December 2014 |
| Categories of care: RC-I, RC-DE, NH-I, NH-PH, NH-PH(E) | Number of registered places: 90 |

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following information was analysed:

- 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. The inspectors also met with 25 patients, nine care staff, ancillary staff, three registered nurses and six patient's representatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 April 2016

The most recent inspection of the home was an unannounced medicines management inspection on 21 April 2016. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection. There were no areas of concern required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 November 2016

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|--------------------------|
| Requirement 1 Ref: Regulation 15 (2) (a) Stated: Second time | The registered person must ensure patient assessments are completed and kept under review. This refers to the completion of: <ul style="list-style-type: none"> • Falls risk assessments • Braden assessment tool • Nutritional risk assessments • Pain assessments | Met |
| | Action taken as confirmed during the inspection: A review of care records confirmed that this requirement had been met. | |
| Requirement 2 Ref: Regulation 16 Stated: Second time | The registered person must ensure care plans are prepared by a registered nurse as to how a patient's needs, in respect of their health and welfare, are to be met and that the care plan must be kept under review. This refers specifically to: <ul style="list-style-type: none"> • Falls prevention care plans • Prevention of pressure ulcers • Eating and drinking • Managing pain | Met |
| | Action taken as confirmed during the inspection: A review of care records confirmed that this requirement had been met. | |
| Requirement 3 Ref: Regulation 16 Stated: Second time | The registered person must ensure care plans for palliative and end of life care are completed to meet the assessed needs of the patients and must be discussed with the patients and/or their representatives. | Met |
| | Action taken as confirmed during the inspection: A review of three care records specifically in relation to palliative and end of life care confirmed that this requirement had been addressed. | |

| | | |
|---|---|---------------------------------|
| Requirement 4 Ref: Regulation 17 (1) Stated: Second time | <p>The registered person must ensure that a system of robust auditing is implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas must be evident.</p> <p>Action taken as confirmed during the inspection: A review of quality audits confirmed that a system had been established whereby the registered manager audits selected number of care records per month. Evidence was present that where a shortfall had been identified remedial action had taken place and was verified by the registered manager.</p> | Met |
| Requirement 5 Ref: Regulation 13 (4) Stated: Second time | <p>The registered person must ensure arrangements for the administration of medicines are reviewed to ensure that:</p> <ul style="list-style-type: none">• medication is administered within the timeframe <p>Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that the deputy manager works as the third nurse alongside staff in the mornings in the nursing unit. This facilitates the administration of medicines and other nursing/clinical duties which are required to be undertaken.</p> | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 41.4 Stated: Second time | <p>It is recommended that the staffing levels on the nursing unit are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> | Met |

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|---|--|-----------------------------|
| | <p>Action taken as confirmed during the inspection:</p> <p>The registered manager advised that a review of staffing levels and skill mix was ongoing. This review has led to the use of the deputy manager working alongside the registered nursing team in the mornings before resuming her managerial duties in the afternoon.</p> <p>The registered manager also confirmed that the review of staffing levels was continuing and areas of deficits would be appropriately actioned as required.</p> | |
| <p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> | <p>It is recommended that the arrangements for the provision of activities in the residential unit should be reviewed, in line with increasing occupancy and the dependency levels of the patients, to ensure patients' individual needs are fully met and their quality of life in the home enhanced.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was a programme of activities on the notice board both written and in pictorial form. The record of activities provided evidenced no correlation between residents' (recorded) likes/past hobbies etc. as recorded in their assessments. There was no understanding or evidence that the activities provided were meaningful or purposeful.</p> <p>30 hours per week is allocated to activities. Given the differing and complex needs of patients the registered person should review the current allocation to ensure it adequately needs the social and recreational needs of patients. This recommendation is subsumed into a requirement. Refer to section 4.5 for further detail.</p> | <p>Partially Met</p> |

4.3 Is care safe?

The registered 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 roster for weeks commencing 2 and 9 May 2016 evidenced that the planned staffing levels were adhered to as far as possible, however, a notice was observed in the nursing unit which stated that staff from the residential unit were to provide additional support when there were staff shortages in the nursing unit. This redeployment was confirmed by a number of staff. Staff stated this impacted negatively on the level of care afforded to patients in the residential unit. One relative also commented that they felt that on occasions there were not enough staff on duty, and that staff were 'killed' with work. Staff in

the nursing unit also stated they did not feel that there were sufficient staff on duty, particularly in one of the nursing units, due to the dependency levels and needs of patients.

This was discussed with the registered manager who stated that it had previously been practice to move staff from one unit to another in times of staff shortages and that this practice had recently stopped. We were advised that the notices in the offices would be taken down and a comprehensive review of the dependency levels of patients would be kept under review to ensure that an appropriate staffing compliment was maintained at all times. A recommendation is made that the registered manager ensures that registered nursing staff are informed that it is no longer custom and practice to deplete the residential unit to supplement the staffing arrangements in the nursing unit. Please refer to section 4.2, recommendation 1 and section 4.5 for further comment regarding staffing arrangements.

A review of two personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

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

Review of three registered nursing personnel records confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

Training was completed via an e learning system, internal face to face training arranged by management and training provided by the local health and social care trust. The review of staff training records evidenced that the registered manager had systems in place to monitor staff attendance and compliance with training. Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff received an annual appraisal. In discussion staff stated they had not received formal regular supervision as yet. The registered manager had a supervision planner in place for 2016 and stated that the completion of the annual appraisal of staff was the priority at present.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Training records reflected that 92% of staff had undertaken safeguarding training in the past 12 months. Annual refresher training was considered mandatory by the home. A review of documentation confirmed that any safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager had robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust. Safeguarding referrals or on-going investigations are reviewed and reported on at the monthly quality monitoring visit by John Rafferty, Northern Ireland Director of Operations. Safeguarding information, including

the relevant telephone numbers, was present in the two offices of both the nursing and residential units.

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

A patient was observed receiving their morning medications at 11:00 hours. A review of these patients' medication records evidenced that the actual time of administering the medications to the patient was not recorded. This was discussed with the registered manager and a recommendation is stated that medications are accurately recorded at the correct time of administration.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Relatives spoke positively about the 'coffee lounge' in the residential unit, where they could take their relative and have a drink together. One relative stated, 'This is a great idea.'

The home was evidenced to be fresh-smelling, clean and appropriately heated.

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

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

Areas for improvement

It is recommended made that the registered manager ensures that registered nursing staff are informed that it is no longer custom and practice to deplete the residential unit to supplement the staffing arrangements in the nursing unit. The dependency levels of patients must be kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 2 |
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4.4 Is care effective?

A review of four patient care records in the nursing unit and five care records in the residential unit evidenced that initial plans of care were based on the pre admission assessment and referral information. A range of validated risk assessments were completed as part of the admission process.

Residential unit care records

The review of the residential care records evidenced that the assessment documentation in use was based on a nursing model and did not reflect a social care model, which would be more conducive to the needs of individuals assessed as requiring residential care. There were risk

assessments in place where no risk was identified by the needs assessment. The daily progress notes evidenced little connection with the plan of care. The daily progress notes generally related to physical health care tasks. There was no evidence that the individual had been involved or consulted in the planning of care. This was discussed with the registered manager and a recommendation has been stated that the registered manager ensures that the assessment and care planning process in the residential unit accurately reflects the holistic needs of the individuals assessed by the Health and Social Care Trust as requiring residential care.

Nursing unit care records

Nursing care records reflected that, appropriate assessment of need and validated risk assessments were being utilised. Where appropriate, timely referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need. Two nursing care records did not evidence that a risk assessment in relation to the use of bedrails had been completed. As was evidenced in the review of the care records in the residential unit three of the four nursing care records did not evidence the planning of care to be a participative process. This was discussed with the registered manager who stated that new forms had recently been received and will more fully evidence the involvement of the patient and/or their representative in the planning of care. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were held annually but could be requested at any time by the patient, their family or the home.

We observed that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) directives were recorded in keeping with the Resuscitation Council (UK) guidelines and evidenced regular review by registered nursing staff and an annual review by the patient's general practitioner.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Staff meetings were evidenced to be held regularly and records of these meetings were maintained. A review of records evidenced that the signatures of the staff attending were present. Any decisions taken at staff meetings were clearly identified in the minutes, copies of the minutes are displayed in the staff room for those staff unable to attend the meeting to access.

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

The serving of the midday meal in the nursing unit was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed on the dining room door. The position of the menu however was not conducive to informing patients of the meal choice as the dining room door was open and patients couldn't see the menu board. A more suitable format and location for the display of

the menu should be found. The registered manager agreed to address this. A registered nurse was not observed in the dining room assisting with the serving of the meal and the supervision of patients. Care staff stated that nursing staff only come into the dining room to administer medications. It is recommended that a registered nurse be present with patients at mealtimes to monitor nutritional intake and minimise risks to patients. A recommendation has been stated.

Areas for improvement

It is recommended that the registered manager ensures that the assessment and care planning process in the residential unit uses an appropriate social care model of assessment of need and therefore accurately reflects the holistic needs of the individuals assessed by the Health and Social Care Trust as requiring residential care.

It is recommended that the registered manager ensures a registered nurse is present to monitor patients' nutritional needs at each mealtime.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 2 |
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4.5 Is care compassionate?

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

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

The activities coordinator had developed a weekly programme of activities. The programme of activities was the same for all the four units in the home i.e. residential and nursing units. The programme, as displayed, was not varied and may not have been pertinent to all, for example Monday was scheduled as 'Manicure Monday'. There was little evidence that activities were developed on the stated interests of patients, particularly in the residential unit. The home is a large, busy and multi-faceted home having a range of registered categories and there is one activities coordinator. This may not be sufficient to meet the social and recreational needs of the patients. In discussion with the registered manager it was stated that the activities coordinator did provide a more varied programme than was displayed however this was not evidenced. The arrangements for the provision of activities, particularly in the residential unit, had been recommended in the Quality Improvement Plans of the previous inspections of 8 July 2015 and 17 November 2015. We were at the time of this inspection, unable to evidence the recommendation as complaint and the matter was discussed with senior management in RQIA at an enforcement decision meeting. Given that the deficits in activity provision were discussed in the most recent monthly monitoring report, completed in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, it was agreed that the matter of activities provision would be stated as a requirement. Failure to achieve full compliance with this requirement at the next inspection visit will result in enforcement action being taken.

The registered manager was able to demonstrate community links established by the home. This included the involvement of local school and church choirs, one school provided art work for the Life Café in the home, various musical entertainers and caring canines. The home had hosted a party for a patients recent 100th birthday which was attended by family, friends and the local press.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The most recent relatives meeting was the 4 May 2016 and previously, at the relatives meeting of February 2016 the relative who has agreed to be the 'home's ambassador' was introduced. It is anticipated the home ambassador initiative will encourage other relatives to be actively involved in the life of the home and the ambassador can be a conduit for improvements in the home. The minutes of the relatives meeting of 4 May 2016 were reviewed and confirmed who attended and the detail of the issues discussed. The minutes of the meeting were displayed on the relatives' notice board. The most recent 'service user satisfaction survey' was undertaken in March 2016. There was no summary of the outcome of the survey. The registered manager had recorded a response to comment made by individuals. It is recommended that a summary of any survey undertaken and an action plan which includes any learning points is written and made available to patients, relatives and staff.

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

Numerous compliments had been received by the home from relatives and friends of former patients. Compliments/cards were displayed in various areas of the home.

The following are some comments we received from patients:

'Staff are very good to me.'
 'Couldn't be better, staff are excellent.'
 'She (indicating a staff member) is a great girl.'
 'I like my dinner.'
 'It's good here.'

We met with six relatives during the inspection who stated:

'Staff are very approachable, from the domestics up.'
 'I'm more than happy with the home.'
 'Could do with more staff – staff don't get enough time to do the wee things, like cutting my (relative's) nails.'
 'When I phone it takes an age for someone in the residential unit to answer the phone.'

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and patients' representatives. The returned questionnaires were generally positive regarding the quality of nursing and other services provided by the home. Specific comments are detailed below:

The following comments were provided by patients:

'Could provide more staff.'
 'Don't know the manager.'

'Have never met the manager.'

In response to the question 'do you have a say in what happens to you?' one patient responded 'no one ever asks me.'

The following comments were provided by patients' representatives:

'Staff are under pressure to cope with the workload.'

'The manager doesn't know anything about my relative's day to day activities or wellbeing.'

'I feel management move people on very quickly without trying to manage some care needs.'

The following comments were provided by staff:

'Two staff is insufficient to do all tasks that are required of us especially now that we have to play games with residents.'

'The manager is seldom seen with residents.'

Patients, their representatives and staff have commented on staff shortages and management issues. It is recommended that the senior management team continue to review and monitor the dependency levels of patients to ensure that the home's staffing arrangements are sufficient to meet the needs of each unit.

Areas for improvement

It is required that the registered persons ensures that the arrangements for the provision of activities in the home is planned and provided with regard to the needs of the patients and as far as possible patients are consulted about the planned programme of activities.

It is recommended that the outcome of any satisfaction survey is compiled into a summary report and includes any areas for action. The summary report should be made available to patients, staff and relatives.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 1 | Number of recommendations: | 1 |
|-------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

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

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in each unit. A copy of the Patient's Guide was on the notice board in patients' bedrooms.

Staff spoken with were knowledgeable regarding the line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Information on how to make a complaint was displayed in the home although not all patients

were aware of who the registered manager was, as per comments in the returned questionnaires.

A record of complaints was maintained by the registered manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. Discussion with the registered 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.

A system was in place to monitor the quality of the services delivered. The registered manager completed a programme of audits on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, wound care management, complaints and the environment. Where a shortfall had been identified an action plan was developed, completed and the area re-audited to check that the required improvement has been completed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that the monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. An action plan was generated following each monitoring audit to address any areas for improvement. As discussed in section 4.5, the monthly quality monitoring report includes a review of the previous requirements and recommendations made at any inspection, it was of concern that the recommendation in relation to the arrangements for the provision of activities, which had been made at the previous inspections of 8 July 2015 and 17 November 2015, had not been confirmed, by the registered manager and the Northern Ireland Director of Operations, as compliant. It is required that the registered persons ensure that the home delivers services in accordance with legislative requirements and DHSSPS Care Standards for Nursing Homes. Compliance with these requirements and recommendations should be ratified and reported on at the monthly quality monitoring visit.

Areas for improvement

It is required that the registered persons ensure that the home delivers services in accordance with legislative requirements and DHSSPS Care Standards for Nursing Homes. Compliance with these requirements and recommendations should be ratified and reported on at the monthly quality monitoring visit.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 1 | Number of recommendations: | 0 |
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5.0 Quality improvement plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your nursing home. 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

Requirement 1

Ref: Regulation 18 (2)
(n) (i) and (ii)

Stated: First time

To be completed by:
31 August 2016

The registered person must ensure that activities are planned and provided with regard to the needs and preferences of the patients.

Whilst this requirement is stated for the first time, the issue of activities provision was first stated in July 2015. Further failure to comply with this matter will lead to enforcement action.

Ref: Section 4.5

Response by registered person detailing the actions taken:

The activities provision within the home is going to be reviewed by Carol Shields the dementia manager so that activities planned and delivered will meet the holistic life style preferences of the residents. Since the inspection an additional activity co-ordinator has been appointed to the home and Carol Shields will be responsible for the induction of this person. There is a clear intention to develop a model of best practice long before the 31st August 2016.

Requirement 2

Ref: Regulation 17 (1)

Stated: First time

To be completed by:
31 August 2016

The registered person must ensure that robust governance systems are in place in respect of the quality of nursing and other service provision in the home. Governance arrangements should ensure action is taken to ensure compliance with any requirement or recommendation made in the quality improvement plan of any RQIA inspection.

Ref: Section 4.6

Response by registered person detailing the actions taken:

The resident manager and the Director of operations for N. Ireland have met today 20/06/16 to discuss all actions taken following inspection report. Progress on the actions taken will be monitored by the director of operations and record retained for inspection. The resident manager will monitor future service delivery against the

| Recommendations | |
|---|---|
| Recommendation 1 Ref: Standard 41.1 and 41.2 Stated: First time To be completed by: 30 June 2016 | <p>The registered manager should ensure that the dependency levels of patients is kept under regular review to ensure that the numbers and skill mix of staff deployed is appropriate to meet the needs of the patients..</p> |
| | <p>The registered manager should ensure that the registered nursing staff are informed that it is no longer custom and practice to deplete the residential unit to supplement the staffing arrangements in the nursing unit.</p> <p>Ref: Sections 4.3 and 4.5</p> |
| | <p>Response by registered person detailing the actions taken: The resident manager will continue to review the dependency of the residents and keep a record of the dependency of the residents so adequate staff are deployed.</p> <p>The registered nursing staff have been informed that they can no longer remove staff from the residential staff unless there is an emergency. This custom and practice in place has ceased immediately following the inspection.</p> |
| Recommendation 2 Ref: Standard 29 Stated: First time To be completed by: 30 June 2016 | <p>The registered person should ensure that registered nurses record the actual time of the administration of any medicine.</p> <p>Ref: Section 4.2 requirement 5.</p> |
| | <p>Response by registered person detailing the actions taken: Nurses have been requested to record the correct times for the medication and this will be monitored by the manager and deputy manager for compliance with this directive.</p> |
| Recommendation 3 Ref: Standard 4.2 Stated: First time To be completed by: 31 August 2016 | <p>The registered person should ensure that social model of assessment of need is utilised in the residential care unit. This will ensure that an appropriate, holistic approach to the assessment and care planning process is established. Care planning should also be a participative process and evidence of this should be available in the records maintained.</p> <p>Ref: Section 4.4</p> |
| | <p>Response by registered person detailing the actions taken: The social care model is now being used in the residential unit. Care plans will be developed where possible with relatives and this will be agreed and signed by relatives who have been involved.</p> |

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| <p>Recommendation 4</p> <p>Ref: Standard 12.11</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p> | <p>The registered person should ensure that there are adequate numbers of <u>appropriately trained</u> staff present when meals are served to ensure:</p> <ul style="list-style-type: none"> • Risks when patients are eating and drinking are managed; and • Staff are deployed to ensure that assistance is provided as required <p>Ref: Section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nurses, Care Team Leaders and the Deputy Manager have been informed that they must be present in the dining room during meal times to observe residents and ensure the delivery of safe and effective care, to manage the meal time experience and observe residents diet. Adequate numbers of trained staff are on duty, and they have been informed about their responsibilities.</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p> | <p>The registered person should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of patients, which incorporates the comments made, issues raised and any action taken for improvement.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered person detailing the actions taken: A report will be available to residents and relatives based on this recommendation to provide information on the methods used, the outcome of comments, issues raised and action taken before the 31st July 2016.</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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