

Unannounced Follow Up Care Inspection

Name of Establishment:	Carrickfergus Manor
Establishment ID No:	12111
Date of Inspection:	9 December 2014
Inspector's Name:	Norma Munn
Inspection ID	IN020369

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Carrickfergus Manor
Address:	76 Dunluskin Gardens Prince Andrew Way Carrickfergus BT38 7JA
Telephone Number:	(028) 9336 9780
E mail Address:	manager.carrickfergus@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Logan Logeswaran
Registered Manager:	Ms Joanne Neville – registration pending
Person in Charge of the Home at the Time of Inspection:	Ms Joanne Neville
Categories of Care:	NH-I, NH-PH, NH-PH(E), RC-DE
Number of Registered Places:	75
Number of Patients Accommodated on Day of Inspection:	Nursing 37 Residential 34
Scale of Charges (per week):	£586 - £786
Date and Type of Previous Inspection:	20 October 2014 Secondary Unannounced
Date and Time of Inspection:	9 December 2014 08:15 – 12:15 hours
Name of Inspector:	Norma Munn

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The previous care inspection on 20 October 2014 identified shortfalls in staffing levels, the competency and capability of staff and the provision of meals and the dining experience. As a result a serious concerns meeting was held with the responsible individual and representatives of Runwood Homes on 13 November 2014. At that meeting assurances were given that the concerns would be addressed. This inspection was to evidence the progress being made prior to the registration of an extension to the home. As this inspection was specifically to focus on the morning routines in the home the outstanding requirements and recommendations from the inspection in March 2014 were not examined.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with Raden Mauremootoo, Director of Service Development
- Discussion with Joanne Neville, Acting Manager
- Discussion with staff
- Discussion with patients/residents individually and to others in groups
- Examination of records pertaining to recruitment of staff
- Review of a sample of staff duty rotas
- Review of a sample of competency and capability assessments
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to follow up on issues identified during a previous unannounced inspection on 20 October 2014.

2.0 Profile of Service

Carrickfergus Manor is a new purpose built three storey detached private nursing home set in landscaped gardens. The home is operated and managed by Runwood Homes Ltd. The current manager is Ms Joanne Neville, registration pending.

The home is situated on the outskirts of Carrickfergus town centre, just off the North Road. Access to local bus routes and shops are within walking distance of the home.

The home offers bright and spacious accommodation for a total of 75 persons requiring both nursing and residential care.

The bedrooms are all single rooms with en suite shower and toilet facilities. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients'/residents' personal possessions. Overhead and subtle optional lighting has been provided.

There are assisted bathroom/showers on each floor of the home, ensuring that bathing facilities are available for patients/residents if they wish. Communal toilets are located throughout the home.

There are sitting rooms and dining rooms located throughout, all are tastefully decorated and have comfortable furnishings to suit a range of needs. The sitting rooms look out on to an enclosed secure garden situated at the rear of the building or a panoramic view of the surrounding country side. All patients/residents have access to the garden from the ground floor. In addition to the communal sitting areas on each floor, a café style area is available on the ground floor. This is for the use of all patients and residents.

A passenger lift ensures that facilities are accessible to all patients/residents and visitors to the home.

Car parking has been provided to the front of the home.

A lower ground level provides accommodation for the home's catering and laundry services. Staff changing areas and a staff room are also provided on this level.

The home is registered with RQIA to provide care under the following categories:

Residential care (RC) – 36 beds; ground floor

DE dementia.

Nursing Care (NH) – 39 beds; first floor

I old age not falling within any other category.

PH physical disability other than sensory impairment under 65 years of age.

PH (E) physical disability other than sensory impairment over 65 years of age.

3.0 Summary

This summary provides an overview of the services examined during an unannounced follow up care inspection to Carrickfergus Manor. The inspection was undertaken by Norma Munn on 9 December 2014 between the hours of 08.15 and 12.15.

The inspector was welcomed into the home by Ms Catherine McCorry, deputy manager and later joined by Ms Joanne Neville, acting manager and Mr Raden Mauremootoo, director of service development who was available throughout the remainder of the inspection.

Verbal feedback of the issues identified during the inspection was given to Ms Joanne Neville and Mr Raden Mauremootoo at the conclusion of the inspection

The main focus of the inspection was to follow up on issues identified during a previous unannounced inspection on the 20 October 2014.

Thirteen requirements and two recommendations made as a result of the previous inspection on the 20 October 2014 were examined. Ten requirements and two recommendations were complied with and one requirement was moving towards compliance. Two requirements were evidenced as not compliant. Three requirements have been restated for the second time in relation to catering staffing levels, meals and mealtimes and the provision of crockery and cutlery. Details can be viewed in the section following this summary.

Eight requirements and four recommendations made as a result of a previous inspection on 24 March 2014 were not reviewed during this inspection, due to the specific focus of the inspection, and have been carried forward for review at the next inspection

During the course of the inspection the inspector met with ten patients individually and with others in groups. The inspector also met with eleven staff. The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

The home environment was found to be well maintained, clean warm and comfortable. The improvements to the environment since the previous inspection are acknowledged.

On the day of the inspection the inspector observed the morning routine in the nursing unit. Staff were observed interacting with patients in a calm and respectful manner. Discussion with staff indicated that they were knowledgeable about the needs of individual patients. . Observation of care practices identified an improvement in leadership, direction and supervision of staff. The inspector evidenced that care staffing levels on the day of the inspection were sufficient to meet the needs of the patients accommodated.

The inspector acknowledged that a significant effort and volume of work has been undertaken since the last inspection in relation to improving the meals and mealtimes experience. However, the inspector identified shortfalls in the serving of meals, catering staffing levels and the provision of crockery and cutlery.

The inspector observed a number of patients in the nursing unit who were not being served their breakfast in a timely manner. Discussion with staff indicated that the cook had not arrived for duty at the time scheduled on the duty rota. This resulted in a member of domestic staff having to cook the porridge. The member of staff informed the inspector that they had not

been inducted or trained in the preparation, cooking or serving of meals. This practice is not acceptable and a requirement has been made.

The cook did not arrive until after 09.30 hours resulting in patients/residents having to wait an unacceptable period of time for their porridge, toast and eggs to be served. RQIA had identified issues in relation to meals not being served in a timely manner during the previous inspection on 20 October 2014 and a requirement had been made. This requirement has been stated for the second time.

The inspector met with a number of staff who raised concerns in relation to the current catering staffing levels. Review of the catering staff duty rotas since the previous inspection on 20 October 2014 indicated that catering staffing levels had not been increased adequately to meet the needs of the patients/residents in the home. Observation during the serving of the breakfast meal identified deficits in the serving of meals and mealtimes which were having a direct impact on the needs of the patients/residents in the home. RQIA had identified that catering staffing levels were not meeting the needs of the patients/residents in the home during the previous inspection on 20 October 2014 and a requirement had been made. This requirement has been stated for the second time.

Review of care staff duty rotas weeks commencing 30 November 2014 and 7 December 2014 identified that on two occasions the numbers of care staff on duty and skill mix were below the minimum staffing guidelines. Discussion with the acting manager indicated that these deficits were due to short notice staff sickness. A recommendation has been made that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.

Feedback was provided at the conclusion of the inspection to Ms Joanne Neville, acting manager and Mr Raden Mauremootoo, director of service development. Assurances were again provided that the concerns would be addressed.

One requirement and one recommendation has been made and three requirements have been stated for the second time as a result of this inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). Eight requirements and four recommendations were carried forward for review during the next inspection.

Following the inspection discussions were held with senior management within RQIA and it was decided that registration of the extension would not be considered until the catering arrangements were deemed satisfactory. Frances Gault, RQIA senior inspector, advised the acting manager of this by telephone on 18 December 2015 and informed her that the situation would be reviewed in January 2015.

The inspector would like to thank the patients/ residents, acting manager and staff for their assistance and co-operation throughout the inspection process

4.0 Follow-Up on Previous Issues from 20 October 2014 and 24 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (a)	<p>The registered person must review staffing levels to ensure that the needs of the persons accommodated are met.</p> <p>Stated twice</p>	<p>Observation of the morning routine and discussion with staff identified that nursing and care staffing levels on the day of the inspection were sufficient to meet the needs of the patients/residents accommodated.</p> <p>Review of the duty rota identified that on two occasions the number of staff on duty was below the minimum staffing guidelines and the skill mix had not been achieved. (see section 5.5)</p> <p>This was discussed with the acting manager and an assurance was provided that the staffing numbers were appropriate to meet the needs of the patients/residents.</p> <p>A recommendation has been made that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.</p>	Compliant

2	20(3)	<p>It is required that the registered person reviews the content of the nurse in charge competency and capability assessment to ensure a more robust/clear record of the areas covered and assessed as competent is in place.</p> <p>In addition, the home manager needs to record and sign a statement of competence following completion of the assessment.</p> <p>Stated twice</p>	<p>Observation of care practices identified an increase in leadership, direction and supervision of staff since the previous care inspection. Discussion with the acting manager and a review of competency and capability records confirmed that all nurses in charge of the home in the absence of the manager had fully completed competency and capability assessments.</p>	Compliant
3	13 (1)	<p>The registered person must ensure that the serving of meals and the mealtime experience for patients and residents is reviewed to ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • meals must be served hot • nursing and care staff must be present to provide assistance to patients with eating and drinking and to monitor those patients at risk of choking • serving of food by catering staff must be considered as care staff are required to provide care <p>Stated twice</p>	<p>Observation of the breakfast meal confirmed that food was served at the correct temperature, staff were present to provide assistance and the patients in the dining room were supervised adequately.</p>	Compliant

4	13 (1)	<p>The registered person must ensure that clean linen and towels are not stored in the sluice areas.</p> <p>Stated twice</p>	<p>Observation of the identified sluice confirmed that this requirement has been addressed.</p>	Compliant
5	20 (1)	<p>The registered person must review catering staffing levels to ensure that the needs of the persons accommodated are met.</p> <p>Stated once</p>	<p>Observation of the serving of the breakfast meal, discussion with staff and a review of the catering duty rotas confirmed that deficits in catering staffing levels were impacting on patient / resident meals and mealtimes. This requirement has not been addressed and has been stated for the second time.</p>	Not Compliant
6	13(1)	<p>The registered person must promote and make proper provision for the health and welfare of patients and residents and to make proper provision for the nursing and where appropriate, treatment and supervision of patients and residents in relation to</p> <ul style="list-style-type: none"> • meals and mealtimes • pressure relief <p>Stated once</p>	<p>Observation of the morning routine confirmed that several issues had been addressed in relation to pressure relief and meals and mealtimes. However, observation and discussion with staff and patients indicated that breakfast had not been served in a timely manner. This part of the requirement has been stated for a second time.</p>	Moving towards compliance

7	15 (1) (2)	<p>The registered person must ensure that the home only accommodates patients/residents within the category of care for which the home is registered.</p> <p>Stated once</p>	<p>Discussion with the acting manager and staff confirmed that several patients/residents have been reassessed to ensure that their needs are being adequately met within the category of care provided.</p>	Compliant
8	12 (4) (a)	<p>The registered person shall ensure that food and fluids are provided in adequate quantities and at appropriate intervals.</p> <p>Stated once</p>	<p>Observation of the mid-morning break evidenced that patients/residents were being provided with snacks at appropriate intervals.</p>	Compliant
9	19 (2)	<p>The registered person shall ensure that records of induction are at all times available for inspection in the home.</p> <p>Stated once</p>	<p>Review of inductions and discussion with the acting manager confirmed that inductions records are now kept in the home at all times.</p>	Compliant
10	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Stated once</p>	<p>Observation of care practices and the environment confirmed that this requirement has been addressed.</p>	Compliant

11	18 (1) (g)	<p>The registered person must provide sufficient crockery and cutlery.</p> <p>Stated once</p>	<p>Observation of the serving of the breakfast meal in the nursing unit and discussion with staff confirmed that there was insufficient crockery and cutlery available for use. This requirement has not been addressed and has been stated for the second time.</p>	Not Compliant
12	27	<p>The registered person must ensure that the practice of wedging/propping open fire doors in all four kitchenettes must cease with immediate effect.</p> <p>Stated once</p>	<p>The inspector did not observed fire doors to be propped open in the kitchenettes.</p>	Compliant
13	14 (2) (a)	<p>The registered person must ensure the seating in the corridors which is restricting access for patients/residents and staff is removed and corridors are kept free from hazards.</p> <p>Stated once</p>	<p>The inspector did not observe seating restricting access to patients/residents in the home.</p>	Compliant
14	14(4)	<p>It is required that the registered person shall ensure that all staff receive training on safeguarding of vulnerable adults in accordance with DHSSPS minimum standards for nursing homes</p>	<p>Not reviewed at this inspection and will be carried forward to the next care inspection</p>	

15	20 (1)	It is required that the registered person shall ensure that all staff employed by the nursing home receive mandatory training and other training appropriate to the work they are to perform.	Not reviewed at this inspection and will be carried forward to the next care inspection	
16	12 (1) (a) (b)	<p>It is required that staff are provided with training, commensurate with their role and function, in relation to:</p> <ul style="list-style-type: none"> • human rights legislation in relation to restraint and seclusion; • deprivation of liberty interim guidance (DHSSPSNI) March 2010; • recording of best interests decisions; • evidencing assessment, evaluation and monitoring of any form of prescribed restraint. 	Not reviewed at this inspection and will be carried forward to the next care inspection.	
17	12 (1)	It is required that care plans are reflective of the assessed needs of the patient and reflect current best practice.	Not reviewed at this inspection and will be carried forward to the next care inspection	

18	16	<p>It is required that following a nursing assessment of need that care plans are developed to provide direction for staff on how to manage and deliver care to meet the patient's identified needs.</p> <p>Care plans must reflect the assessed needs of patients and the delivery of care required to meet those needs.</p> <p>Care plans must be developed in a timely manner in accordance with the homes' procedures, professional and minimum standards.</p> <p>Care plans should be developed in consultation with the patient and/or their representative as appropriate.</p>	Not reviewed at this inspection and will be carried forward to the next care inspection	
19	13(1)	It is required that the home manager establishes a process to ensure oversight of the incidences of wounds in the home, their status, and type.	Not reviewed at this inspection and will be carried forward to the next care inspection	
20	30	It is required that any deficit in planned staffing levels that cannot be 'covered' is notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.	Not reviewed at this inspection and will be carried forward to the next care inspection	

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.2	<p>It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.</p> <p>For example, putting a notice on the relatives' notice board advising of the availability of the report.</p>	Not reviewed at this inspection and will be carried forward to the next care inspection.	
2	25.13	It is recommended that when the home's annual report is completed that a copy is forwarded to RQIA.	Not reviewed at this inspection and will be carried forward to the next care inspection.	
3	16.2	It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.	Not reviewed at this inspection and will be carried forward to the next care inspection.	
4	26	It is recommended that policies and procedures are reviewed on a regular basis to ensure they are in accordance with evidenced based practice and best practice as defined by professional and national standard setting bodies.	Not reviewed at this inspection and will be carried forward to the next care inspection.	
5	30.7	It is recommended that duty rotas are altered to reflect if a staff member moves shifts from one unit to the other.	Review of the duty rotas evidenced that this recommendation has been addressed.	Compliant

6	30	<p>The registered manager must ensure that the duty rotas clearly identify the following:</p> <ul style="list-style-type: none"> • name of staff member • capacity in which they are working • name of the agency used • start and finish time of hours worked • the registered nurse in charge of the home 	Review of the duty rotas evidenced that this recommendation has been addressed	Compliant
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5.0 Additional areas examined

5.1 Meals and Mealtimes

The inspector observed the serving of the breakfast meal in the Knockagh Suite. At 8.30am it was observed that the dining room tables were appropriately set with table cloths, napkins, cutlery, crockery and condiments and the menu was clearly displayed. Patients were being offered cereal, juice and tea or coffee. However, several patients were not being offered porridge, eggs or toast. Discussion with staff indicated that the cook had not arrived for duty at the time scheduled on the duty rota. On entering the kitchen the inspector observed a member of domestic staff cooking the porridge. The member of staff informed the inspector that they had not been inducted or trained in the preparation, cooking or serving of meals. This practice is unacceptable. This was discussed with the director of service development and the acting manager and a requirement has been made.

The acting manager informed the inspector that the Environmental Health Department had visited the home on 20 November 2014. The acting manager forwarded the Environmental Health report to RQIA following this inspection. It was concerning to note that during their visit on 20 November 2014 a catering assistant had been observed cooking lunch who had not been adequately trained. The Environmental Health Department has requested that all food handlers receive adequate training, supervision and instruction commensurate with their duties.

The cook did not arrive until after 09.30 hours resulting in patients/residents having to wait an unacceptable period of time for their breakfast to be served. The inspector was concerned that this resulted in the patients/residents not being served in a timely manner. The acting manager assured the inspector that this practice was not a regular occurrence. RQIA had identified issues in relation to meals not being served in a timely manner during the inspection on 20 October 2014 and a requirement had been made. This was discussed with the acting manager and the director of service development and a requirement has been stated for the second time.

The inspector observed care staff washing out breakfast bowls and cutlery in the kitchenette to reuse and observed the catering assistant collecting used crockery to wash during the serving of the breakfast meal. On enquiry staff confirmed that there was insufficient crockery and cutlery available for use. RQIA had identified that there was insufficient crockery and cutlery available in the home during the previous inspection on 20 October 2014 and a requirement had been made. This was discussed with the director of service development and the acting manager and a requirement has been stated for the second time.

5.2 Catering Staffing Levels

Discussions with the catering staff and a review of the catering duty rota identified that one cook and one catering assistant were rostered each day to cater for 73 patients/residents. Given the size of the home and the needs of the patients/ residents accommodated which include specialist dietary needs it was identified that the lack of catering staff is having a direct impact on the quality of meals and mealtimes for patients and residents. The inspector met with a number of staff who raised concerns in relation to the current catering staffing levels. RQIA had identified that catering staffing levels were not meeting the needs of the patients/residents in the home during the previous inspection on 20 October 2014 and a requirement had been made. This was discussed with the acting manager and the director of service development and a requirement has been stated for the second time. The director of service development gave assurances to the inspector that catering staffing levels would be increased with immediate effect.

It is disappointing to note that despite the assurances that were given by the responsible individual at the serious concerns meeting on 13 November 2014 the evidence seen indicates little progress has been made in addressing the situation with both the catering staff arrangements and the meal time experience. RQIA will continue to monitor this at the next inspection and further failure to address the concerns may lead to further enforcement action.

5.3 Staff Comments

The inspector spoke to eleven staff individually. Examples of their comments are as follows:

- “The kitchen is not being cleaned properly; there is not enough staff in the kitchen”
- “The residents are not getting home baked food”
- “There has been a big difference since the last inspection, things have improved”
- “Staff are now working as part of a team”
- “Staff are helping each other”
- “The changes have made a difference since dependency levels have been reviewed”

Comments were discussed with the acting manager and director of service development during feedback.

5.4 Patients/Residents Comments

The inspector spoke to ten patients/residents individually and with others in groups. Examples of their comments are as follows:

- “I have had tea and toast but am still waiting for my porridge”
- “I am content here and have had breakfast”

Comments were discussed with the acting manager and director of service development during feedback

5.5 Staffing Levels

Review of nursing and care staff duty rotas weeks commencing 30 November 2014 and 6 December 2014 identified that on two occasions the numbers of staff on duty were below the minimum staffing guidelines.

On 5 December 2014 it was identified that only one registered nurse, two care assistants plus a twilight shift were working night duty in the nursing unit. This is a shortfall of one staff nurse and the skill mix of 35% registered nurses hours to 65% care assistants hours had also not been achieved. Discussion with the acting manager confirmed that this was due to the agency staff nurse not turning up for duty.

On 30 November 2014 there was a shortfall of one care assistant one afternoon that week. Discussion with the acting manager confirmed that this shortfall was due to sickness. This was discussed with the acting manager and an assurance was provided that the staffing numbers and skill mix was appropriate to meet the needs of the patients/residents.

A recommendation has been made that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raden Mauremootoo, director of service development and Ms Joanne Neville, manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Follow Up Care Inspection

Carrickfergus Manor

9 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Raden Mauremootoo, director of service development and Ms Joanne Neville, acting manager after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1)	<p>The registered person must review catering staffing levels to ensure that the needs of the persons accommodated are met.</p> <p>Ref: Section 4, 5.2 and 5.3</p>	Two	Catering staffing levels have been reviewed & increased to meet the needs of the residents in the home. We now have two kitchen assistants in the kitchen daily & the Cook's daily hours have also been increased.	ongoing
2	13 (1)	<p>The registered person must promote and make proper provision for the health and welfare of patients and residents and to make proper provision for the nursing and where appropriate, treatment and supervision of patients and residents in relation to meals and mealtimes.</p> <p>Ref: Section 4, 5.1 and 5.4</p>	Two	<p>As part of the home's focus on residents' meal-time experience, kitchen staff hours & numbers have been increased to enable them to start earlier. Breakfast now starts at 08:30 Hours for those residents who are up.</p> <p>Staff working routines have been reviewed to ensure that there is staff presence in dining rooms for those residents who are up early to ensure that their breakfast is served in a timely manner & ensure their safety.</p> <p>The activity therapist has also been given an extra hour each morning to assist with breakfast before start activities daily.</p>	ongoing

3	18 (1) (g)	<p>The registered person must provide sufficient crockery and cutlery.</p> <p>Ref: Section 4 and 5.1</p>	Two	<p>Kitchen Assistants have now been tasked with ensuring that there is sufficient crockery & cutlery on each unit prior to meal-times. Kitchen staff now also carry out regular quarterly stock takes or earlier if required to ensure availability of adequate amounts in the home at all times & replacement orders placed in a timely manner where required.</p>	ongoing
4	20 (1) (c)	<p>The registered person must ensure that persons preparing, serving or cooking meals receive training appropriate to the work they are to perform</p> <p>Ref: Section 5.1</p>	One	<p>All kitchen staff are now completing the Food Safety & Hygiene Level 2 courses in Catering.</p> <p>Interested Kitchen Assistants are now receiving induction & training in the use of the kitchen equipment & the preparation, serving & cooking of meals to enable them to help out should they be required to in an emergency.</p>	By 6 February 2015
5	14 (4)	<p>It is required that the registered person shall ensure that all staff receive training on safeguarding of vulnerable adults in accordance with DHSSPS minimum standards for nursing homes</p> <p>Carried forward from previous inspection</p>	One	<p>All staff receive Safe Guarding of Vulnerable Adults training as part of their mandatory training. This is now recorded in new staff's induction books & a training matrix kept for ease of monitoring.</p>	To be reviewed at the next care inspection

				Where staff fail to undertake & complete the courses in a timely manner, the respective member of staff may be asked to stop working until the training has been completed.	
6	20 (1)	<p>It is required that the registered person shall ensure that all staff employed by the nursing home receive mandatory training and other training appropriate to the work they are to perform.</p> <p>Carried forward from previous inspection</p>	One	<p>All staff complete mandatory training either through face to face practical training or through the e-learning system which also generates a training matrix for the manager to easily identify those staff that are non-compliant.</p> <p>Staff who fail to complete their mandatory training may be asked to stop working until the respective course has been completed</p> <p>Outside bodies & relevant external professionals are also brought into the home to provide relevant training & where required, staff are also asked to attend training offered outside the home.</p>	To be reviewed at the next care inspection
7	19(2) schedule 4(21)	It is required that training records are maintained in accordance with this requirement and with DHSSPS minimum standards for nursing homes.	One	Training is organised as necessary within the home from outside agencies. This is monitored by observing the compliance report & matrix.	To be reviewed at the next care inspection

		<p>For example: training analysis assessment, training planner for the calendar year, attendance signatures, content of training delivered and evaluation of effectiveness of training delivered.</p> <p>Carried forward from previous inspection</p>		<p>Staff Training Attendance Folder is in place with all course attendance record sheets for training offered & undertaken. Where available, course content & evaluation is filed in Manager's office.</p> <p>Training Matrix is available on the home's e-learning system which also identifies training that is due to enable the manager to plan ahead.</p> <p>Manager & Deputy are monitoring effectiveness of training directly & subtly through monitoring of staff practices. The manager also monitors if training has been imbedded in staff practices by monitoring the number & type of complaints received in the home & general staff moral.</p> <p>Staff training needs & practices are also discussed in staff meetings & during individual supervisions.</p>	
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8	12 (1) (a) and (b)	<p>It is required that staff are provided with training, commensurate with their role and function, in relation to:</p> <ul style="list-style-type: none"> • human rights legislation in relation to restraint and seclusion; • deprivation of liberty interim guidance (DHSSPSNI) March 2010; • recording of best interests decisions; • evidencing assessment, evaluation and monitoring of any form of prescribed restraint. <p>Carried forward from previous inspection</p>	One	<p>All staff, as part of the mandatory training, are given training & information on the human rights legislation, deprivation of liberty interim guidance, recording of best interest & evidencing assessments, evaluation & monitoring of any form of prescribed restraint.</p> <p>Manager makes special checks during monthly care plan audits on any resident prescribed any form of restraint to ensure that all relevant assessments & documentation are in place.</p> <p>Policies are available for all staff to read on the above as well as extra reading material.</p>	To be reviewed at the next care inspection
9	12 (1)	<p>It is required that care plans are reflective of the assessed needs of the patient and reflect current best practice.</p> <p>Carried forward from previous inspection</p>	One	<p>Staff have been instructed to ensure that there are comprehensive assessments of needs in place for all residents at all times & that the assessed needs are fully addressed in a comprehensive care plan.</p> <p>Care plans are reflective of resident's needs & best practice.</p>	To be reviewed at the next care inspection

10	16	<p>It is required that following a nursing assessment of need that care plans are developed to provide direction for staff on how to manage and deliver care to meet the patient's identified needs</p> <p>Care plans must reflect the assessed needs of patients and the delivery of care required to meet those needs.</p> <p>Care plans must be developed in a timely manner in accordance with the homes' procedures, professional and minimum standards.</p> <p>Care plans should be developed in consultation with the patient and/or their representative as appropriate.</p> <p>Carried forward from previous inspection</p>	One	<p>Once an assessment of need has been completed, care plans are now developed & completed in a timely manner following admission of a resident to the home.</p> <p>Residents admitted to the home are under continuous assessment & any noted changes in need are immediately reflected in the care plans.</p> <p>Care plans, in consultation with other carers, residents or relatives are developed & updated to provide information for staff delivering care to the residents. All care plans are reflective of residents needs.</p>	To be reviewed at the next care inspection
11	13 (1)	<p>It is required that the home manager must establish a process to ensure oversight of the incidences of wounds in the home, their status, and type.</p> <p>Carried forward from previous inspection</p>	One	<p>Manager receives a 24 Hour Report daily from all units which includes any wounds present, their status & type.</p> <p>All staff have access to crest documentation on wounds & internet as necessary. All wound care is documented on wound care evaluation sheets & photos taken as required.</p>	To be reviewed at the next care inspection

				<p>On a weekly & monthly basis, wound reports are sent to the Regional Care Director and if any wounds are Grade 2 or above this is reported to the RQIA.</p> <p>Manager takes time to look at all wounds at least fortnightly and carries out dressings as necessary.</p>	
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12	30	<p>It is required that any deficit in planned staffing levels that cannot be 'covered' is notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.</p> <p>Carried forward from previous inspection</p>	One	Where there is a short fall in planned staffing levels & the home is not able to get a replacement, RQIA are notified in line with relevant regulations.	To be reviewed at the next care inspection
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Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30	<p>The registered person must ensure that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.</p> <p>Ref: Section 4 and 5.5</p>	One	<p>The home's staffing levels are continuously being reviewed - a weekly Staffing Schedule (to identify vacant & potential vacant posts) is produced & this is reviewed in conjunction with the weekly Recruitment Tracker that monitors progression from application forms being received in the home to actual confirmed start date. The weekly staffing schedule & weekly recruitment tracker are both reviewed by the Home Manager & Regional Care Director to ensure that the home is adequately staffed at all times. Ongoing recruitment in place for all staff groups.</p> <p>Allocation sheets are used daily on the units for the deployment of staff.</p>	By 6 February 2015
2	20.5	<p>It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.</p> <p>For example, putting a notice on the</p>	One	<p>Inspection report has been made available for all visitors & staff. A copy in place on the relatives notice board & a copy in the staff room.</p>	To be reviewed at the next care inspection

		<p>relatives' notice board advising of the availability of the report</p> <p>Carried forward from previous inspection</p>			
3	25.13	<p>It is recommended that when the home's annual report is completed that a copy is forwarded to RQIA.</p> <p>Carried forward from previous inspection</p>	One	Annual report has been forwarded to the RQIA.	To be reviewed at the next care inspection

4	16.2	<p>It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.</p> <p>Carried forward from previous inspection</p>	One	Staff induction books are updated whenever staff receive safe guarding training. This is also shown on the e-learning training matrix.	To be reviewed at the next care inspection
5	26	<p>It is recommended that policies and procedures are reviewed on a regular basis to ensure they are in accordance with evidenced based practice and best practice as defined by professional and national standard setting bodies.</p> <p>Carried forward from previous inspection</p>	One	Head office keep all policies and procedures updated - home manager liaises with the respective team in Head Office where policies are going out of date or need reviewing in line with new developments .	To be reviewed at the next care inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Neville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan N Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	22 January 2015
Further information requested from provider			