

Unannounced Care Inspection Report 19 July 2016



Slieve Na Mon

Type of Service: Nursing Home
Address: Tircur Road, Omagh, BT79 7TY
Tel No: 028 8225 1132
Inspector: Sharon Loane

1.0 Summary

An unannounced inspection of Slieve Na Mon was undertaken on the 19 July 2016 from 11.00 to 15.00 and on the 20 July 2016 from 09.30 to 14.30 hours.

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

For the purposes of this inspection the term 'patients' will be used to describe those living in Slieve Na Mon, which provides both nursing and residential care.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing arrangements, recruitment practices, staff training and development and shortfalls were identified in these areas. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the homes premises and grounds were well maintained although there were some weakness identified in regards to infection prevention and control.

Weaknesses were also identified in the delivery of safe care, specifically in relation to the care delivered in regards to the management of head injuries and patients assessed at risk of choking. Further concerns were identified in the management of medicines and deficits in staff knowledge were identified in the areas aforementioned. These matters have the potential to impact on the health and welfare of patients living in Slieve Na Mon. Medicine management issues identified have been referred to the pharmacy inspector for further consideration. Requirements and recommendations have been made to secure compliance and drive improvement.

Is care effective?

Staff meetings had been held on a regular basis and all staff consulted with stated that they felt they could approach management with any concerns and that these were dealt with effectively. Weaknesses were identified that impacted on the delivery of effective care, specifically in relation to the completion and review of assessments and care planning. Shortfalls were also identified in relation to the management of falls and head injuries and the management of food and fluids with particular focus on patients who required modified diets. Requirements and recommendations have been made.

Is care compassionate?

There was evidence of good relationships in the home between staff and patients. Weaknesses have been identified in the delivery of compassionate care, particularly in relation to the standard of personal care afforded to patients and as a result of practices observed in regards to the provision of foods for patients who required a 'puree diet'. A requirement has been made and compliance with this requirement will drive further improvements in this domain.

Is the service well led?

Weaknesses have been identified in relation to the overall management arrangements at the home and the lack of robust governance and quality assurance systems. The finding of this inspection has led to discussion at a senior level within RQIA and to a subsequent serious concerns meeting with the registered person. One requirement and two recommendations are made in relation to governance and leadership arrangements, auditing and the management of monthly monitoring visits as stated under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and Standard 35 of the DHSSPS, Care Standards for Nursing Homes, 2015. As a result of the requirements and recommendations made under all four domains.

Following this inspection, the registered person was required to attend a serious concerns meeting in RQIA on 27 July 2016, to discuss the inspection findings and to provide RQIA with a detailed and comprehensive action plan which illustrates how the home will return to compliance. The outcome of this meeting is detailed in section 1.1 below.

Information and findings of the inspection were also shared with the adult safeguarding team of the Western Health and Social Care Trust (WHSCT) in keeping with regional protocols.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS, Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	11	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Bernie McDaniel, manager and Dr Brendan McDonald, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned that the quality of care and services within Slieve Na Mon was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in a correspondence to the registered person, Dr Brendan Mc Donald, and a meeting took place at RQIA on 27 July 2016. At this meeting the registered person acknowledged the failings of the home and a comprehensive action plan was submitted. The action plan recorded what actions would be taken and the time frame within which compliance would be achieved.

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

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 January 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

Registered organisation/registered provider: East Eden Ltd Dr Brendan McDonald	Registered manager: Bernie Mc Daniel (not yet registered)
Person in charge of the home at the time of inspection: Bernie Mc Daniel	Date manager registered: Awaiting registration
Categories of care: NH-I, RC-MP(E), NH-LD, NH-LD(E), RC-DE, NH-MP, NH-MP(E), NH-DE A maximum of 36 patients in category NH-DE and 19 patients in category NH-MP/MP (E). A maximum of 3 patients in category RC-DE, 1 resident in category RC-MP (E). I identified patient in category NH-LD/LD (E). The home is also approved to provide day care on a daily basis for a maximum of 8 persons.	Number of registered places: 60

3.0 Methods/processes

Prior to inspection we analysed the following information:

- Notifiable events submitted since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) from the previous care inspection
- The previous care inspection report
- Pre inspection assessment audit.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Twenty patients, six care staff, three registered nurses, the chef and administration staff were also consulted with.

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 inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Five patient, ten staff and ten patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- Validation evidence linked to the previous QIP
- Patient care records
- Staff training records
- Staff induction template
- Complaints records
- Incidents / accidents records since the last care inspection
- Minutes of staff meetings
- A selection of audit documentation.
- Three staff recruitment files
- Monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- Duty rotas for the period 11– 24 July 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and has been validated at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 46 Criteria (1)(2) Stated: Second time	It is recommended that management systems pertaining to infection prevention and control are developed to ensure compliance with best practice. Particular attention should focus on the areas identified on inspection.	Not Met
	Action taken as confirmed during the inspection: A discussion with the manager and a review of documentation evidence that limited progress had been made in this regard. During this inspection a number of issues pertaining to infection prevention and control were not in line with best practice guidelines and issues were also identified in regards to the overall cleanliness of the building. This recommendation has not been met and was discussed as part of the serious concerns meeting in RQIA. The recommendation has now been stated as a requirement following consultation with senior management in RQIA.	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 11 and 18 July evidenced that the planned staffing levels were adhered to for the majority of shifts. This review evidenced that the manager on some occasions had to work as a registered nurse to cover sickness and staff absences. This has been discussed further under the 'well led' domain as it was taking the manager away from her main role considering that she had only taken up the post as manager approximately six weeks prior to this inspection. The hours worked by the manager in this capacity were clearly identified on the duty rota. The nurse in charge was clearly identified on the rota in the absence of the manager.

Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of induction records evidenced that an induction record had been fully completed on the first day of employment however induction records were unavailable for the other two files reviewed. This was discussed with the manager and a recommendation was made to ensure timely completion of staff inductions.

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

A review of the recruitment process evidenced areas for improvement to include the following: references obtained were not always from the applicant's most recent employer, induction records were not available, and it was also difficult to identify the date Access NI checks had been received and if they had been reviewed by the manager. A review of a recruitment file for a registered nurse could not establish if an NMC check had been completed prior to their employment however a review of records confirmed that the registered nurse was registered on the live NMC register. The manager advised that she was not familiar with the systems and processes in place to manage recruitment and this has also been referred to in the 'well led domain'. A requirement has been made in relation to the management of recruitment.

Review of records pertaining to training evidenced that training was provided to ensure that mandatory training requirements were met. Staff confirmed that they were required to complete mandatory training through 'e-learning' and also by attending 'face to face' training. However compliance levels were difficult to ascertain as the home had no system in place to monitor same. This was discussed with the manager and guidance was given as to how to develop systems to ensure mandatory training requirements were met. A recommendation has been made.

Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility however observations of the delivery of care in some identified areas evidenced that training had not been fully embedded into practice. This is discussed further in this section and also section 4.4 and 4.5.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. There were two open safeguarding investigations in progress and which were being appropriately managed by the Trust adult safeguarding team.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. However one care record reviewed in regards to falls management evidenced that a falls risk assessment has not been completed despite a care plan being in place for high risk of falls. This is discussed further in section 4.4.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2016 were examined and identified deficits in respect of the notification of serious injuries, specifically head injuries, as required in accordance with, Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. A requirement has been made in this regard.

A review of an accident record and care records for one identified patient demonstrated that appropriate actions had not been taken following an accident in which the patient had sustained a potential head injury. Staff had not sought medical attention nor monitored the patient for any adverse side effects. These matters were discussed with the manager and a request was made by the inspector that this incident was reported to the Trust adult safeguarding team and a notification should be submitted to RQIA retrospectively. The shortfalls in relation to the management of head injuries have been addressed in requirement made under the effective domain.

Concerns were also identified in regards to the safe administration of medicines. Care staff were observed administering prescribed "laxative medication" during the serving of the mid-morning refreshments. There was some indication that the medication was being administered covertly as it was observed being mixed with milk, orange and /or blackcurrant juice. Staff spoken with advised that this was normal practice and that they had received no training in this regard. It was concerning that management had not identified that this was not in accordance with best practice. A requirement has been made.

During the inspection, a review of dietary /fluid intake charts evidenced that patients identified as requiring modified diets and at high risk of "choking" were being given 'biscuits' softened in liquids. This practice was concerning as it posed potential risks to patients who had been assessed by the Speech and Language Therapist as high risk of choking.

A discussion with care staff indicated a lack of understanding and knowledge in regards to the potential risks associated with this practice and also the management of 'food thickening agents'. Training had been provided in relation to Dysphagia although records evidenced that this training had only been completed by six care staff. This practice was very concerning as it had the potential to impact on patients health and welfare. During this inspection, immediate actions were taken to reduce any further risks to patients and the manager contacted SALT (speech and language therapist) for advice and training. The manager confirmed the actions taken and that training was organised for September 2016. A requirement has been made to minimise potential risks and drive improvements in this area of practice.

Additional concerns were highlighted in regards to the management of food and fluids which are discussed further in section 4.4.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The grounds and the interior of the building were maintained to a satisfactory standard. An ongoing refurbishment programme was in progress. Most areas in the home had been re decorated and refurbished and the registered person advised that necessary improvements had been made, to bring the nursing dementia units up to date with best practice frameworks.

Although there were no odours observed in the home some areas of the home were unclean particularly within patients' bedrooms. Fall out mats and mattresses were observed being stored on the floor underneath the beds and therefore this area could not be cleaned effectively and items of debris were observed on the floor and the areas examined were unclean.

The following issues were also not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- Inappropriate storage of continence items in bathrooms
- Ripped bed rail coverings and fall out mats
- Damaged upholstery on chairs in use
- The veneer on some over bed tables was damaged.

The above issues were discussed with the manager and an assurance was provided by the manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made in the previous QIP that management systems were put in place to ensure compliance with best practice in infection prevention and control. This recommendation had been stated for a second time in the most recent inspection and limited progress had been made. Following consultation with senior management in RQIA and in light of the findings of this inspection, this recommendation has now been stated as a requirement.

Fire exits and corridors were observed to be clear of clutter and obstruction and robust measures had been implemented following an incident which had occurred as a result of poor fire safety practices.

Areas for improvement

A number of areas of improvement have been identified under the safe domain and five requirements and two recommendations have been made. The improvements required to ensure care is safe were made in relation to; recruitment practices, induction and training. Other areas identified included minimising potential risks to patients, specifically in relation to choking and the management of head injuries. Requirements were also made in relation to infection prevention and control and the management of notifications under Regulation 30 of the Nursing Homes Regulation, Northern Ireland, 2005.

Number of requirements	5	Number of recommendations:	2
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4.4 Is care effective?

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

There was evidence that the care planning process included input from patients and or their representatives, if appropriate. There was also evidence of communication between the home and patient representatives regarding any changes in the patient's condition.

As discussed in section 4.3 a review of a care record evidenced that whilst a care plan was in place for 'high risk of falls', a falls assessment had not been completed in this regard. This was concerning as records reviewed evidenced that the patient had sustained a high number of falls which included; four falls within a six day timeframe. Appropriate assessments and a review of the care plan in place had not occurred. As previously discussed in section 4.3 a number of shortfalls were identified in relation to one accident recorded and a requirement has been made under the safe domain in regards to same.

Further review of care records identified inconsistencies in the completion of risk assessments and care plans. One identified patient, who had been assessed by Speech and Language as 'high risk of choking' and who on occasions required specialised interventions did not have a specific care plan in place.

There was also evidence that care plans had not been formally rewritten since 2014 some interventions had been stroked out and added on instead of being re-written to prevent confusion. The care records contained assessments that had been previously completed for example by the Dietician and/or SALT and these had not been archived which made it difficult to identify the most current and had the potential for care being delivered wrongly. These should be archived and has been included in a requirement made.

In relation to the shortfalls evidenced in relation to the care planning process, a requirement has been made. A recommendation has also been made that care plan audits should be reflective of the necessary actions to be taken in order to ensure care plans are up to date.

A review of supplementary care records for dietary / fluid intake evidenced that records were not being maintained in accordance with best practice guidance, care standards and legislative requirements. They were not completed contemporaneously and there was no evidence that they were being reviewed by registered nurses. A requirement has been made in this regard.

As previously referred to in section 4.3 concerns were identified in relation to some practices observed and the provision of foods available for patients who required 'modified diets' specifically in regards to 'snacks'. A discussion with both care and catering staff indicated that appropriate food choices were not always available. Further discussions indicated that staff lacked knowledge in this regard and had not identified the risks associated with this practice. Staff had also failed to recognise that these practices had the potential to impact on the dignity of patients.

A requirement has been made to ensure that food and fluids are properly prepared, wholesome and nutritious and meet patient's nutritional requirements. A requirement made under the 'safe domain' includes that staff should receive training in Dysphagia and the management of 'food thickening agents' to ensure safe effective care and a requirement has been made under the compassionate domain in regards to the dignity afforded to patients in some practices observed and care delivered.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. The manager advised that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. A review of records confirmed this information. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Staff also confirmed that management were very approachable and that if they had concerns, they would raise these with their line manager and/or the manager.

Areas for improvement

Requirements and one recommendation have been made to ensure that the care delivered in Slieve Na Mon is effective. These improvements are in relation to; the care planning process, contemporaneously record keeping and the management of food and fluids provided with particular focus on patients who require a modified diet for example a pureed consistency.

Number of requirements	3	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. As previously discussed in section 4.3 & 4.4 some care practices observed and the quality of nursing delivered had the potential to impact on patient's choice, privacy, dignity and respect. In the majority staff demonstrated knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan, though this was not always embedded into practice. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients were observed to be sitting in the lounges or in their bedroom as was their personal preference. There was evidence of personalisation in some of the bedrooms. We observed the personal care afforded to patients and were concerned that a number of gentlemen had not been shaved, patients' fingernails were unclean and attention to detail was lacking. A review of personal care records evidenced that these were not always reflective of the record of care delivered. These matters were discussed with the manager and staff on duty who agreed with the observations made. Given the practices observed at this inspection to include the standard of personal care delivered a requirement has been made that suitable arrangements are made to ensure that the dignity of patients is upheld specifically in relation to the shortfalls identified at this inspection.

Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One questionnaire was returned within the timescale for inclusion in the report however the returned questionnaire was not wholly completed. On inspection four registered nurses, six carers and two ancillary staff members were consulted to ascertain their views of life in Slieve Na Mon.

Some staff comments were as follows:

"I enjoy working here; the standard of care is 100%"
 "Would feel comfortable to approach management"
 "It's a good home to work for".

Five patient questionnaires were left in the home for completion and one questionnaire was returned within the timeframe. The respondent indicated that they were satisfied with the home.

Ten relative questionnaires were left in the home for completion and one questionnaire was returned. The respondent was satisfied across all four domains.

There were no relatives who wished to speak with the inspector, at this inspection.

Areas for improvement

One requirement has been made to ensure that the patients' rights to dignity are upheld at all times.

Number of requirements	1	Number of recommendations:	0
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4.6 Is the service well led?

The registration certificate was up to date and was appropriately displayed. A certificate of public liability insurance was current and displayed.

During a review of patients accommodated in the home it was evidenced that the home were not adhering to the categories of care as outlined on the registration certificate. On the day of inspection, 21 patients were accommodated under the category of care NH-MP/MP (E) - (mental disorder excluding learning disability or dementia – over 65) when the home was approved for a maximum of 19 patients within this category of care. A further review confirmed that some patients both in categories NH- DE (Nursing Dementia) and NH-MP/MP (E) - (mental disorder excluding learning disability or dementia – over 65) were not placed in the units appropriate for the category of care for which they were placed. There was limited evidence available to establish who had been involved in these decisions and the reasons for same. Following the inspection the manager was advised to liaise with the Trust and gain confirmation that the Trust was satisfied with the placement of the identified patients within the home. The home were also instructed to submit a variation application to RQIA to increase the number of patients accommodated under the category of care NH-MP/MP(E) to include the names of the two identified patients. A requirement has also been made.

Discussion with the manager and a review of the complaints record evidenced that these were not managed in accordance with DHSSPS Care Standards for Nursing Homes 2015. The record did not always include the level of satisfaction attained. A recommendation has been made.

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. These included medication and equipment alerts and notifications regarding staff that had sanctions imposed on their employment by professional bodies.

During the inspection concerns were identified in relation to the management arrangements at the home and the lack of robust governance and quality assurance systems. The manager, Mrs Bernie Mc Daniel had been recently appointed in June 2016 and there was limited evidence available that a structured induction programme, including a period of mentorship, to enable her to settle into her new role as registered manager had been provided.

Discussion with the management team indicated that Mrs Bernie Mc Daniel also had to carry out clinical duties and this was taking her away from her main role to monitor and ensure the safe delivery of quality care within the home.

A discussion with the manager evidenced that although there were some systems in place to monitor and report on the quality of nursing and other services provided these were limited and furthermore were not being implemented. The findings of this inspection evidenced that the lack of governance arrangements, had a direct impact on the safe delivery of quality care.

It was concerning that the issues identified at this inspection had also not been identified during the monitoring visits undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and standard 35 of the DHSSP'S, Care Standards for Nursing Homes, 2015. A recommendation has been made.

The areas of concerns were discussed with the registered person and the manager both at the completion of the inspection and also at the serious concerns meeting held 27 July 2016.

It was very evident at this inspection that the overall management of the home and the leadership arrangements and the lack of governance systems and processes were having a direct impact on the delivery of safe, effective and compassionate care. Two requirements and recommendations have been made under the well led domain to assure the safe delivery of quality care within Slieve Na Mon.

Areas for improvement

Requirements and recommendations have been made under well led to ensure that the delivery of care is safe, effective and compassionate and that the service is well led. These improvements focus specifically on the management arrangements and governance systems and processes at the home. Recommendations have been made in regards to the management of complaints and the monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and standard 35 of the DHSSP'S, Care Standards for Nursing Homes, 2005.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review 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 provider 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 provider 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 21(1)
(b)

Stated: First time

To be completed by:
31 July 2016

The registered provider must ensure the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post. Recruitment records must be retained in the home and available for inspection.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

All recruitment records are retained within the Home in a locked cabinet. Our Administrator has now completed the reorganisation of the staff recruitment folders. A check list has been devised to be attached to the front of each new recruitment folder which will guide admin to ensure all sections are fully completed prior to starting post and also to cover induction period.

Requirement 2

Ref: Regulation 30(1)

Stated: First time

To be completed by:
31 July 2016

The registered persons must ensure that RQIA are notified appropriately, in regards to any serious injury that occurs in the home, this relates specifically to head injuries. This notification must include;

- The immediate actions taken
- Who has been notified of the event
- How reoccurrence can be prevented.

Ref: Section 4.3 & 4.4

Response by registered provider detailing the actions taken:

Following the revised Guidelines on Notifiable Events to and by RQIA nursing staff were not reporting falls unless the event resulted in a hospital transfer out or admission. These Guidelines were issued to our Sister home by one of the RQIA inspectors.

Following our inspection in July 2016 we are now reporting all head injuries as a result of falls whether injury incurred or not.

We have introduced and implemented a Post Falls Protocol and information bundle for staff to follow in the event of any accident or head injury. As part of the post falls protocol RQIA shall be notified promptly. It has always been our practice to notify RQIA of any serious accidents, Social Worker and Next of Kin are notified as a matter of course.

<p>Requirement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person must ensure that all prescribed medicines are administered safely in accordance with best practice and only by staff who have been trained and deemed competent in this area of practice.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: As discussed with RQIA in a meeting 27 July 2016 it was explained to the Inspector that the difficulties that the trained staff were experiencing in the administration of sacheted bowel medication(which must be dissolved in at least 125mls-150mls water) was consuming much of there nursing duty hours as we have some very high dependency patients which may take up to 20 -30 minutes to be assisted in taking this dissolved bowel medicine.The outcome of this discussion resulted in the Home being permitted to carry out training /competency assessments on Carers so that they aware of the purpose of the bowel medication and the correct preparation of the sachet medication and safe administration of same.Most Care Staff have received their training and are deemed competent and a signature list is complete and on display in treatment room. Trained Nurses are still involved in the administration of the sachet bowel medications.</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person must ensure that any potential risks to patients are managed appropriately and that staff are provided with training. This relates specifically to patients who have been assessed by Speech and Language Therapist as high risk of choking. Training should be provided for staff in relation to Dysphagia and the management of Food Thickening Agents. Records of training should be retained for inspection.</p> <p>Ref: Section 4.3 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Training dates have been scheduled for training wthrough SALT on 8.9.16 and 22.9.16. and further dates are to follow. Nursing Sisters have updated a list of all patients on modified diets/consistency of fluids. Care plans have also been updated appropriately with most recent SALT assessments been included. Catering staff are also informed of modified diets and have an information folder in the kitchen. Carers are also been trained and supervised and deemed competent by the Nurses in the safe usage of thickening agents such as Thick & Easy</p>

<p>Requirement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Ref: Section 4.2, 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: The Regional Healthcare Hygiene and Cleanliness Audit Tool obtained from RQIA website is near completion and will be completed on a 6 monthly basis thereafter by the Management Team. Monthly Environmental/Infection Control Audit will be completed by last week in August 2016 and will be scheduled to be completed monthly. Cleaning schedules have been revised to ensure workload is appropriately delegated and manageable for staff to complete. At the time of Inspection the Home was undergoing a major refurbishment. This clearly had an impact on the daily housekeeping tasks as some areas were not accessible for Housekeeping staff. Refurbishment now complete, cleaning schedules in place.</p>
<p>Requirement 6</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure that patient care records are maintained with accuracy and contain a detailed and comprehensive assessment of need, appropriate risk assessments, and appropriate regular reviews. Records should be completed in keeping with NMC guidance.</p> <p>Ref: Section 4.3 & 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: Nurses are appointed as Primary Nurses and are allocated a number of residents which they are accountable and responsible for ensuring that all information provided in the care folders is relevant and up to date. Trained staff are presently working on updating the relevant care plans in place. Group Supervision has been arranged for 28/8/16 to review NMC Record Keeping Guidelines.</p>

<p>Requirement 7</p> <p>Ref: Regulation 19 (1)(a), schedule 3, (3)(k)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2016</p>	<p>It is required that the registered person must ensure contemporaneous records of all nursing provided to the patient are recorded accurately to evidence actual care given and accounts for any concerns or deficits identified.</p> <p>Particular attention should focus on the accurate completion of dietary / fluid intake charts and personal care records.</p> <p>Ref: Section 4.2, 4.4</p>
<p>Requirement 8</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2016</p>	<p>Response by registered provider detailing the actions taken: All staff have been informed that when they have assisted a resident with any aspect of nutritional care that this must be documented without delay in the resident's daily fluid/food chart and signed by that staff member only. Nurses in Charge now check these charts three times within a 24 hour period. Any concerns regarding fluid/dietary intake are recorded in the resident's daily evaluation and fluid intake for the 24 hour period is also recorded in the daily evaluation record. There is a folder in each Unit which advises the Nurses what members of Staff have attended to eac individual's personal care/showering needs. Trained Staff have commenced checking these forms to ensure that personal care has been fully delivered to each patient. Personal care audits have been implemented.</p> <p>The registered person shall ensure that food and fluids are provided to meet patient's individual needs and reflect current best practice. Patients requiring a modified diet must be offered suitable snacks throughout the day.</p> <p>Ref: Section 4.3 & 4.4</p> <p>Response by registered provider detailing the actions taken: As per Requirement 4 care folders/care plans have been updated to ensure that the relevant modified diet is offered and been adhered to. With regards to snacks for patients on modified diets the practice where staff moistened biscuits in resident's tea to ensure safe consistency for the patient to take safely has been stopped.(Our reasoning for using the biscuits in modified diets was to help increase calorific intake for some of our very hiigh dependency residents. We do realise that this maybe considered an old fashioned practice but was implemented in the best interests of the residents.) Catering staff has now introduced 3 weekly rolling snack menu for modified diets which is fortified and now offers more variety and choice.</p>

<p>Requirement 9</p> <p>Ref: Regulation 13 (8)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 31 July 2016</p>	<p>The registered person shall make suitable arrangement to ensure that the dignity of patients is respected in regards to the care delivered.</p> <p>Particular focus should be given to the areas identified at this inspection.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: As per response to Requirement 8.</p>
<p>Requirement 10</p> <p>Ref: Regulation 15 (1)(c)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered person must ensure that the home adheres to the categories of care as outlined on the registration certificate issued by RQIA. A variation should be submitted to RQIA in respect of the findings of this inspection.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: There are times when a resident may need to be a nursed in an area of the nursing home outside of their recognised category of care for reasons of patient's personal choice or safeguarding issues. The same is always discussed with family/Social Worker. A variation application has been forwarded to accommodate a temporary adjustment to our registered category of care.</p>
<p>Requirement 11</p> <p>Ref: Regulation 10</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered person must ensure that robust governance / management arrangements are put in place to ensure the safe and effective delivery of care to patients.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: The acting Home Manager who has 7 years management experience in residential Dementia care is completing her period of Induction and a Nurse Consultant is on board to guide in ensuring robust governance and management arrangements. The Acting Home Manager was the Deputy Manager and roles were reversed due to unforeseen circumstances. The acting Home Manager is receiving peer support from a registered Manager within the Company. The managerial structuring is going to ensure that the Deputy Manager and two nursing Sisters are allocated time to assist in ensuring robust governance.</p>

Recommendations	
Recommendation 1 Ref: Standard 39 Criteria (1) Stated: First time To be completed by: 31 August 2016	The registered provider should ensure staff inductions (to include the registered manager's) are completed in a timely manner and retained in the staff's personnel file for inspection. Ref: Section 4.3
	Response by registered provider detailing the actions taken: All new staff shall be fully inducted, an induction programme completed and retained on their personnel file.
Recommendation 2 Ref: Standard 39 Stated: First time To be completed by: 31 August 2016	The registered person should ensure that the system to review mandatory training is further developed to ensure that staff have completed mandatory training within the required time parameters. Ref: Section 4.3
	Response by registered provider detailing the actions taken: Mandatory training is on the Evo-Learning Matrix Manager and Administrator are receiving training 23 August & 13 September 2016. Going forward we shall be reviewing the mandatory matrix on a fortnightly basis to ensure it is kept up to date.
Recommendation 3 Ref: Standard 35 Stated: First time To be completed by: 31 August 2016	The registered person should ensure that the care plan audits are reflective of the necessary actions to be taken in order to ensure care plans are up to date. This should include the archiving of information. Ref: Section 4.3
	Response by registered provider detailing the actions taken: The above was discussed at Staff Meeting, staff are in the process of updating their primary nurse files and are archiving.
Recommendation 4 Ref: Standard 16 Criteria 11 Stated: First time To be completed by: 31 August 2016	The registered manager should ensure that records are kept of all complaints and these include details of all communications; the result of any investigation; the action taken; whether or not the complainant was satisfied with the outcome; and how this level of satisfaction was determined. Ref: Section 4.6
	Response by registered provider detailing the actions taken: A full record of complaints is fully maintained in the Home, outcomes are fully recorded and we shall now record how level of satisfaction was determined.

<p>Recommendation 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person must ensure that the monthly monitoring report is informative and there is a robust action plan to address any areas for improvement.</p> <p>Ref: Section 4.6</p>
<p>To be completed by: 31 August 2016</p>	<p>Response by registered provider detailing the actions taken: A Nurse Consultant is now undertaking the monthly monitoring report on behalf of the registered provider. The Nurse Consultant has a vast amount of experience in this field.</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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