



# Unannounced Care Inspection Report 26 & 27 June 2018



## The Graan Abbey

**Type of Service: Nursing Home (NH)**  
**Address: Derrygonnelly Road, Enniskillen, BT74 5PB**  
**Tel No: 02866327000**  
**Inspector: Michael Lavelle**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care and residential care for up to 86 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carewell Homes Ltd  <b>Responsible Individual(s):</b> Carol Kelly	<b>Registered Manager:</b> Pamela Fee
<b>Person in charge at the time of inspection:</b> Pamela Fee, registered manager	<b>Date manager registered:</b> 21 September 2016
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	<b>Number of registered places:</b> 86  A maximum of 56 patients in category NH-I and NH-PH, a maximum of 20 patients in category NH-DE and a maximum of 10 patients in category NH-MP/MP(E). There shall be a maximum of 7 named residents receiving residential care in category RC-I, 2 named residents receiving residential care in category RC-PH and 1 named resident receiving residential care in category RC-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 26 June 2018 from 07.15 hours to 16.15 hours and 27 June 2018 from 07.50 hours to 15.10 hours.

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.

The term 'patient' is used to describe those living in The Graan Abbey which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to fire safety, infection prevention and control practices, eliminating unnecessary risks to the health and welfare of patients and post fall management, care planning and nutrition management.

Areas requiring improvement under the care standards were identified in relation to activities, menus, duty rota and audit activity.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	4

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

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 16 patients, 12 staff, four visiting professionals and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks beginning 18 June 2018 and 25 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- seven patient care records
- a selection patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 15 January 2018**

The most recent inspection of the home was an unannounced inspection. The completed QIP was returned and approved by the medicines management inspector.

This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 11 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall introduce a system to ensure that all patient call alarms are responded to in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of care during the inspection evidenced patient call alarms were responded to in a timely manner. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43.2 <b>Stated:</b> First time	The registered person shall repair/replace the scuffed or torn chairs in the third floor lounge and the two chairs in Cloisters sitting room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that the scuffed or torn chairs in the third floor lounge and the two chairs in Cloisters sitting room have been replaced.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 43.4 <b>Stated:</b> First time	The registered person shall complete a risk assessment for all bedrooms/ensuites and bathrooms that have uncovered radiators.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment and discussion with the registered manager evidenced that a risk assessment of radiators had taken place. Radiator covers had been put on any identified radiators.	



<b>Area for improvement 4</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	The registered person shall <ul style="list-style-type: none"> <li>• replace the knots tied at the ends of the pull cords in ensuite bathrooms with a wipeable handle</li> <li>• repair the damaged skirting areas at the identified ensuite floors.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that pull cords in ensuite bathrooms have a wipeable handle and the damaged skirting had been repaired in the identified ensuite floors.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks beginning 18 June 2018 and 25 June 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. One staff member spoken with stated there was not enough staff in the home. However, the inspector was unable to validate any staff deficiency on the day of the inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in The Graan Abbey. We also sought the opinion of patients on staffing via questionnaires. Three patient questionnaires were returned. All patients indicated that they were very satisfied with the care they received.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Seven questionnaires were returned with all seven relatives indicated that they were very satisfied or satisfied that staff had 'enough time to care'.

One of the relatives' included the following comment:

"At times I think there needs more staff."

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff. Review of records and discussion with the registered manager evidenced that systems were in place for the supervision and appraisal of staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Discussion with the registered manager evidenced that over all staff training is between 60 and 70 percent and systems were in place to monitor staff uptake of mandatory training.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of seven patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. One notification of alleged staff misconduct was not submitted and the registered manager agreed to submit this retrospectively.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 home was found to be warm, well decorated, fresh smelling and generally clean throughout. Patients, their representatives and staff spoken with were complimentary in respect of the home's environment.



Fire exits and corridors were not observed to be clear of clutter and obstruction. On the first day of inspection the fire exit at the rear of the building was blocked with a wheelchair and a power washer and many of the corridors were obstructed with hoists, wheelchairs and laundry trolleys. On the second day of inspection a hoist was blocking the fire exit upstairs in unit two. In addition, rubber gloves were observed covering two smoke alarms. This was brought to the attention of the registered manager who arranged for their removal. These practices are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations was made. A number of lights were observed not to be working during review of the environment. This was brought to the attention of the registered manager who agreed to ensure they were attended to.

Deficits with regards to the delivery of care in compliance with infection, prevention and control (IPC) best practice standards were noted as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene, particularly during mealtimes and by domestic staff
- lack of PPE availability in identified areas of the home
- no waste bins in ensuite toilets/bathrooms
- faecal staining observed on a pull cord and hand towel dispenser in an identified bathroom
- staining and/or rust observed on identified shower chairs – these should be cleaned and/or replaced
- all commodes observed in the home had heavily rusted castors – these should be replaced
- no system in place to ensure hoist slings are laundered
- no robust cleaning schedule for environmental cleaning; this includes enhanced and deep cleans
- no robust system in place for cleaning of equipment; gaps of up to two months observed in the current system
- cleaning chemicals were not prepared as per manufacturers guidance
- clutter and inappropriate storage noted in identified storage cupboards
- elements of the IPC audit file out of date
- broken and chipped toilet seats in identified bathrooms.

These shortfalls were discussed with the registered manager and an area for improvement under regulation was made in order to drive improvement relating to IPC practices.

During review of the environment the treatment room door was observed to be unlocked. In addition, domestic cleaning cupboards were observed to be unlocked. These contained cleaning products and substances hazardous to health. The potentially serious risk this posed to patients was highlighted to the registered manager who immediately arranged for the doors to be locked. An area for improvement under regulation was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

## Areas for improvement

Three areas for improvement under regulation were identified in relation to fire safety, infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

### 6.5 Is care effective?

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

Review of seven patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, infections, falls and wound care. Although wound care and incidence of infections were well managed, care records did not consistently contain details of the specific care requirements in respect of falls and nutrition management. A daily record was maintained to evidence the delivery of care, although gaps were identified.

Review of post fall management highlighted concerns. Review of four care records where patients had unwitnessed falls evidenced that no neurological observations were taken on two occasions and inconsistencies in recording of observations. In addition, inconsistencies were noted in contacting general practitioners, next of kin, completing the post fall risk assessment screening tool. Review of one care record evidenced conflicting information between the care plan and care evaluation. The above deficits were discussed with the registered manager and we noted the recent review of the falls policy within the home and the supervision that had been ongoing in respect of falls management with registered nurses.

Gaps were noted in relation to care planning. Review of one patient's care record evidenced that care plans had not been reviewed or evaluated for a period of three months.

Review of management of nutrition highlighted concerns. Review of one patient's care record evidenced that a patient had lost weight and had been referred to the dietician. Although the care records contained a copy of the referral, there was no date to identify when the referral was made. In addition, there was no record in the care plan or risk assessment making any reference to the referral. The above deficits were discussed with the registered manager and an area for improvement under regulation was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. Minor gaps were noted in personal care records. This was discussed with the registered manager who agreed to keep this under review. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted; observation of the handover confirmed this.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### Areas for improvement

One area for improvement under regulation was highlighted in regards to post fall management, care planning and nutrition management.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.6 Is care compassionate?

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

We arrived in the home at 07.15 hours and were greeted by staff who were helpful and attentive. During the morning walk around patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Residents were observed watching TV, listening to music and reading newspapers. However, the programme of activities was not displayed in a suitable format within the home. In addition, there was no evidence of patient engagement to evaluate that the activities were enjoyable, appropriate and suitable for patients. This was discussed with the manager and activities co-ordinator who agreed to review current arrangements against Standard 11 of the Care Standards for Nursing Homes 2015 to ensure they are adhering to best practice guidance. An area for improvement under the care standards was made.

The environment had been adapted to promote positive outcomes for the patients. Many bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks. The registered manager agreed to review the provision of signage in the Primrose unit. This will be reviewed at a future care inspection.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menus available in the home were not displayed in a suitable format to meet the needs of all the patients. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Thank you all so much for taking care of my relative."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 16 patients individually, and with others in smaller groups, confirmed that living in The Graan Abbey was viewed as a positive experience.

Some comments received included the following:

"It's a great place. They are fierce good. The food is terrific and you couldn't ask for any better."

"I wouldn't change a thing, I'm very happy."

"The last home wasn't as friendly, I am very happy here."

"It's very good. They look after us very well."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were left in the home for completion. All 10 were returned within the expected timescale with all respondents indicating that they were satisfied or very satisfied with the care provided across the four domains. Some of the comments received were as follows:

“Very good care.”

Ten relative questionnaires were provided; five were returned within the expected timescale. Four relatives indicated that they were satisfied or very satisfied with the care provided across the four domains, with one stating they were very dissatisfied with care as neutral across all four domains. However, this is felt to have been scored in error as the comments associated were very complimentary to the home. Some of the comments received included:

“Kept well informed about mum’s wellbeing. Lovely, caring staff.”

“My Mother is more than happy with the care. In fact, she said she was that well treated she felt she was at home. Plenty of staff and great activities. Her care is next to none. I wish to thank the staff for all their help ad attention.”

“Times I think there needs to be more staff.”

“It’s great. They are considerate from the kitchen staff to the carers.”

“All staff are friendly and are more than willing to help.”

Twelve staff members and four visiting professionals were consulted to determine their views on the quality of care in The Graan Abbey. Staff were asked to complete an online survey; we had no responses within the timescale specified. Some comments received included:

“Anytime I come there is great communication from the home. They are very vigilant and know their patients very well.”

“Very good contact from the staff. All referrals are appropriate.”

“Teamwork could be better.”

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

### Areas of good practice

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

### Areas for improvement

Two areas for improvement under the standards were identified in relation to the activities and menus.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly record the first and last name of all staff working in the home, their designation and the capacity in which they worked. This was discussed with the registered manager and identified as an area for improvement under the care standards.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice. The governance lead confirmed that staff were encouraged to complete equality and diversity training.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home. Although audits were completed, deficits identified during inspection had not been identified within current auditing processes. For example, review of one care record evidenced it had not been audited for a period of nine months. This was discussed with the registered manager who agreed to review the audit process for care records and hand hygiene to ensure that the analysis is robust, action plans are generated and that learning is disseminated. An area for improvement under the care standards was made.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. However, review of notifications evidenced that one allegation of staff misconduct was not notified. Although managed appropriately we asked that the notification be sent to RQIA retrospectively. This was received post inspection.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints, quality improvement and maintaining good working relationships.

### Areas for improvement

Two areas for improvement under the standards were identified in relation to the duty rota and audit activity.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure adequate means of escape in the event of a fire.</p> <p>This area of improvement is made in reference to ensuring fire exits are corridors are kept clear and not obstructed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Signage has been placed at all Fire Escape routes. On agenda's at staff meetings 4/7/18 and 30/7/18 Feedback fromn inspection given. Daily monitoring by Senior management/Housekeeper and MT.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Areas highlighted in 6.4 have all been addressed. Staff advised at meetings as dated above to ensure apporprate and effective use of PPE. Pedal waste bins-actioned. All pull cords checked and identified pull cord cleaned immediately. Shower chairs and comodes replaced where required. Cleaning schedule revised for environmental/deep cleaning. Copy of PHA Cleaning Guidance for Care Environments issued to housekeeper. All chemical containers have been clearly labelled with product contained therein. Identified cupboards cleared of clutter Toilet seat repalced where identified. Notices on all cleaning cupboards tokeep locked. Ssystem implemented for laundering of slings. IPC Audit-full audit to be repeated in September 2018 following implementation of areas for improvemtn from this inspection. Infection Control Link Person to be identified a per PHA correspondence 9/8/18</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the treatment room and domestic cleaning stores.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> <li>• post fall management</li> <li>• care planning</li> <li>• nutrition management.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Feedback to registered nurses post inspection to follow Falls Policy in relation to recording oc CNS observations. RM/Q&amp;G Lead will continue to monitor compliance RN's also advised to complete Falls RA Screening Toll following every fall, and to ensure consistency across the care plan. RN's advised to ensure all referral documentation dated and to ensure care plan and RA in place to ensure consistency.</p> <p>A RN meeting is scheduled for August and all the above will be on the agenda for discussion. The Q&amp;G Lead will chair this meeting.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2018	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            RM has met with the AT with feedback from inspection. Activity planner is displayed in Unit 1 and a pictorial planner is being devised for Primrose Unit. The RM is arranging a meeting with the AT from sister facility to progress record keeping on her return from AL.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2018	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            A person has been allocated on a daily basis to ensure the menu board is updated. The 3 week menu is displayed in all units of the Home.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2018	<p>The registered person shall ensure that the staffing rota clearly identifies the first and last name of all staff working in the home, their designation and the capacity in which they worked.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Actioned. Full names of staff and designations are now included on the duty rota.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2018	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice, specifically, the care records audit and hand hygiene audit.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            The PHA Hand Hygiene Audit has been issued to all Units. Care Records Audit planner has been updated.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care