



The Regulation and
Quality Improvement
Authority

The Graan Abbey
RQIA ID: 1215
Derrygonnelly Road
Enniskillen
BT74 5PB

Inspector: Bridget Dougan
Inspection ID: IN022905

Tel: 028 6632 7000
Email: graanabbey@yahoo.co.uk

**Unannounced Care Inspection
of
The Graan Abbey**

04 June 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 04 June 2015 from 09.15 to 21.00 hours. The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 13 April 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients could be assured. The areas for improvement and compliance with regulation were in relation to:

- clinical leadership and the robustness of governance arrangements
- the management of food and fluids
- the care needs of patients
- moving and handling practice
- issues pertaining to infection prevention and control
- the use of restrictive practices
- training records / staff records
- staff training
- staff induction, supervision and appraisal.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following an unannounced care inspection on 13 April 2015, RQIA senior management held a serious concerns meeting with Mrs Carol Kelly, responsible person and Mrs Martina McGuinness, manager, on 28 April 2015. During the serious concerns meeting, the management representatives of The Graan Abbey Nursing Home, submitted an action plan and gave assurances to RQIA that the identified issues would be addressed in a timely manner to achieve compliance with legislative requirements. RQIA considered the assurances provided by the responsible person and decided to give Carewell Homes Ltd a period of time to address the concerns raised.

1.2 Actions/Enforcement Resulting from this Inspection

Having examined the evidence and the ongoing concerns, a decision was made to invite the responsible person and the manager of The Graan Abbey Nursing Home to attend a meeting at RQIA on 16 June 2015 with the intention of issuing a Failure to Comply Notice. Management

representatives of The Graan Abbey Nursing Home attended the meeting and one Failure to Comply Notice was issued under Regulation 14 (5) of The Nursing Homes Regulations (Northern Ireland) 2005 (in respect of restrictive practices).

Full compliance with the Failure to Comply Notice issued must be achieved by 18 August 2015.

In addition, as a result of this inspection, four previously stated requirements and four recommendations have been stated for a second time. One requirement and four recommendations were not examined and have been carried forward to a future inspection.

*All enforcement notices for registered agencies/services are published on RQIA's website at: http://www.rqia.org.uk/inspections/enforcement_activity.cfm

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	8

The details of the QIP within this report were discussed with the manager and the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

Service Details

Registered Organisation/Registered Person: Carewell Homes Ltd Mrs Carol Kelly	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Mrs Martina McGuinness	Date Registered: Registration pending
Categories of Care: NH-I, NH-PH, NH-DE, NH-MP, NH-MP(E), NH-LD, RC-I, RC-PH, RC-MP, RC-MP(E)	Number of Registered Places: 86
Number of patients accommodated on day of inspection: 75	Weekly Tariff at Time of Inspection: Nursing - £581.00 Residential - £461.00

2. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the safety of patients could be assured.

3. Methods/Process

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

During the inspection, the inspectors met with 12 patients individually and with other patients in small groups; four nurses; 12 care staff; two patient's visitors/representatives and one visiting professional.

The following records were examined during the inspection:

- four patients care records
- accidents/incidents records
- complaints records
- staff duty rotas
- Regulation 29 reports
- staff training records
- audits.

4. The Inspection

4.1 Review of Requirements and Recommendations From the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (4) (a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person is required to review the management of meals and meal times to ensure that patients receive nutritious, properly prepared meals at times convenient to them.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager informed the inspectors that a review of meals and mealtimes had taken place. Heated trolleys had been provided for Cloisters and Innisview units to ensure patients received hot breakfasts. Primrose unit has its own kitchen. A review of breakfast and lunch and discussion with a number of patients evidenced that this requirement had been met.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 13 April 2015</p>	<p>The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>The registered person must ensure that the treatment provided to each patient –</p> <ul style="list-style-type: none"> • meets their individual needs • reflects current best practice, and • is (where necessary) provided by means of appropriate aids or equipment. 	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>While no inappropriate moving and handling practices were observed, the inspectors were unable to evidence the effective delivery of care to patients as concerns were identified in relation to the management of restrictive practices as follows:</p> <ul style="list-style-type: none"> • the use of restrictive practice was not in accordance with best practice guidance • individualised care plans which meet the assessed needs of patients in regards to restrictive practice were not in place • care recommendations made by the multidisciplinary team had not been implemented and adhered to. 		
<p>Requirement 3</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person must ensure that any medicine which is kept in the nursing home is stored in a secure place.</p> <p>Action taken as confirmed during the inspection:</p> <p>All medicines were stored in a secure place at the time of the inspection. The manager informed the inspectors that further supervision and medicines management training has been provided for the relevant staff.</p>	<p>Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. Ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • staff must adhere to best practice guidance and principles in infection prevention and control, whilst delivering care to patients • staff must refrain from carrying out hand washing techniques in sluice sinks • a number of chairs throughout the home had upholstery damage and were torn with foam exposed. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspectors were informed by the manager that infection control training and supervision had been provided for staff since the previous inspection. An infection control audit was planned for end June 2015. Staff were observed to adhere to good infection prevention and control practices while carrying out their duties.</p> <p>The responsible person stated in the returned QIP following the previous inspection on 13 April 2015, that a number of chairs had been repaired, while others were awaiting repair. There remain a number of chairs throughout the home with upholstery damage.</p>	<p>Partially met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be Completed by: 13 April 2015</p>	<p>The registered person shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The use of restrictive practices was observed throughout all units within the home; however, this was particularly evidenced in Cloisters unit. The use of restrictive practice was not in accordance with best practice guidance. This requirement has been subsumed into a Failure to Comply Notice. Refer to section 4.2</p>	<p>Not met</p>

<p>Requirement 6</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person must not provide accommodation to a patient unless the needs of the patient have been fully assessed by a suitably qualified or suitably trained person and the home can meet the patients assessed needs.</p> <p>The registered person must ensure that required aids or specialist assessed equipment to meet patient's needs are in place before admission.</p>	<p>Not inspected</p>
<p>Action taken as confirmed during the inspection:</p> <p>The requirement was not inspected and has been carried forward to a future inspection.</p>		
<p>Requirement 7</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person shall ensure that a specific care plan on continence care is contained in the patients /residents care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four patients care records evidenced that this requirement had been met.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 13 April 2015</p>	<p>The registered person shall maintain in the nursing home the records specified in Schedule 4. These should include the following:</p> <ul style="list-style-type: none"> • a record of all staff employed at the home including the dates employment commences and ceases • staff training records. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A record of all staff employed at the home was in place, however, this did not include dates staff employment commenced and ceased.</p> <p>Staff training records were reviewed. Records included the following:</p> <ul style="list-style-type: none"> • the names and signatures of those attending the training event • the date(s) of the training • the name of the trainer. <p>The qualifications of the trainer and the content of the training programmes were not available.</p>		

<p>Requirement 9</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person must review staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients.</p> <p>Consideration should be given to the development of a deputy manager role and/or clinical leads in each unit to enable the manager to develop and implement robust governance systems within the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The responsible person informed inspectors that the post of clinical lead nurse had been advertised and while some interest had been generated, the post would be further advertised in the coming weeks. In the meantime, senior care assistants would be recruited from within the home for each of the three units. Their role would include assisting senior nurses with the auditing of care practice. This internal recruitment had not taken place at the time of this inspection.</p> <p>Given the concerns identified in Cloisters unit where staff stated they did not have the time to transfer patients from their bedrooms to the lounge before lunchtime, the inspectors concluded that this requirement had not yet been met.</p>	<p>Not met</p>
<p>Requirement 10</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any accident/incident identified under legislation and in line with RQIA Guidance.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Accidents/incidents had been notified to RQIA in accordance with legislation and in line with RQIA Guidance.</p>	<p>Met</p>

<p>Requirement 11</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered provider must ensure that the Regulation 29 reports are robust and provide assurances of the quality/safety of care.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of Regulation 29 reports for April and May 2015 evidenced an improvement in the robustness of the reports.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that, with regard to care records –</p> <ul style="list-style-type: none"> • the assessment of the patient’s needs is kept under review and • revised at any time when it is necessary to do so having regard to any change of circumstances • the patient’s care plan is kept under review and reflects the current assessment of needs and care delivery. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of four patients care records evidenced the following issues:</p> <ul style="list-style-type: none"> • individualised care plans which meet the assessed needs of patients in regards to restrictive practice were not in place • care recommendations made by the multidisciplinary team had not been implemented and adhered to • care plans were not reflective of the care delivered. 	<p>Not met</p>

<p>Recommendation 2</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure the organisation has robust systems in place to monitor, audit and review the quality of nursing and other services provided within the home. This includes regular audits of:</p> <ul style="list-style-type: none"> • accidents/incidents • care records • infection prevention and control • management of pressure areas. 	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of a sample of care records evidenced that this recommendation has not yet been met. A sample of infection control audits completed between January – April 2015 were not robust and did not identify environmental/infection control issues identified at the time of this inspection.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that all staff who are newly appointed, including agency staff and students complete a structured orientation and induction and records are retained.</p>	<p>Not inspected</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not reviewed during this inspection. It will be carried forward for review at a future inspection.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that all staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent supervision should be held for new staff and those who are not performing satisfactorily.</p>	<p>Not inspected</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not reviewed during this inspection. It will be carried forward for review at a future inspection</p>		

<p>Recommendation 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person should ensure that all staff have recorded annual appraisal meetings with line managers to review their performance against their job descriptions, and to agree personal development plans.</p> <p>A timetable should be developed with dates for appraisal for all staff working in the home.</p>	<p>Not inspected</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not reviewed during this inspection. It will be carried forward for review at a future inspection</p>		
<p>Recommendation 6</p> <p>Ref: Standard 44.4</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that the home environment is safe for patients. Risk assessments should be completed with regard to the free standing electric heaters in use in patients' bedrooms.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A number of free standing electric heaters were in use in patients' bedrooms. While risk assessments had been completed and included in patients' care records, these were not robust and significant risk to patients remained. The responsible person was advised to consult with the RQIA estates inspector for further specialist advice. The estates inspector advised that portable heaters should only be used in emergency situations and the preference would be to use radiators fixed to the wall. It was agreed that a review of the heating system in patients' bedrooms would be carried out and consideration given to the option of oil filled radiators fixed to the wall. This will be reviewed at a future inspection.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 36.5</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>It is recommended that audits are undertaken of patients and residents who are incontinent and the findings acted upon to enhance continence care in the home.</p>	<p>Not inspected</p>
<p>Action taken as confirmed during the inspection:</p> <p>This recommendation was not reviewed during this inspection. It will be carried forward for review at a future inspection.</p>		

<p>Recommendation 8</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: Six weeks from date of this inspection</p>	<p>The registered person should ensure that records are maintained to evidence that all staff working in the home have received the following update training appropriate to their roles and responsibilities:</p> <ul style="list-style-type: none"> • the management of challenging behaviour • moving and handling • infection prevention and control • the management of restraint • safeguarding of vulnerable adults. 	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records evidenced that the following training had been completed since the previous inspection:</p> <ul style="list-style-type: none"> • the management of challenging behaviour (23 staff) in May 2015 – provided by Western Health and Social Care Trust • moving and handling in April, May and June 2015 – provided by in-house trainer and attended by all staff • infection prevention and control (14 staff) on 19 May 2015 – provided by in-house trainer • management of restraint (23 staff) on 6 May 2015 – provided by in-house trainer • safeguarding of vulnerable adults (36 staff) in May 2015 – provided by in-house trainer. <p>There was no evidence of the content of the training programmes delivered or evaluation of the effect of training on practice as part of quality improvement. Therefore this recommendation has been partially met. See also section 4.3 below.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that repositioning charts have been completed in a timely manner for those patients assessed as being at risk of pressure damage.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample of patient repositioning records were reviewed and found to be completed appropriately.</p>		

4.2 Restrictive practices

The use of restrictive practices was observed throughout all units within the home; however, this was particularly evidenced in Cloisters unit. Within Cloisters unit, a high number of pressure alarm mats and over bed tables were observed in use for patients seated in their bedrooms for the duration of the morning (9.30-12 midday). Two patients were observed under the bedclothes in their beds dressed in their day clothing. Consultation with registered nursing and care staff advised that these practices were to keep patients safe and comfortable until staff had time to transfer them to the lounge or dining room prior to lunchtime. The lounge in Cloisters unit was observed to be empty until after lunch time. Inspectors were concerned that the practice of patients being kept in their bedrooms until midday may have a direct impact on patient safety and independence.

Similar restrictive practices were observed in other units within the nursing home. Three patients were observed in Primrose unit seated on Kirton chairs with their feet unsupported.

A sample of four patients care records was reviewed. Care records for patients using any equipment which restricts freedom of movement, for example, pressure/sensor mats were not robust. The following issues were identified:

- the use of restrictive practice was not in accordance with best practice guidance
- individualised care plans which meet the assessed needs of patients in regards to restrictive practice were not in place
- care recommendations made by the multidisciplinary team had not been implemented and adhered to
- there was no evidence, in three of the four records reviewed, that patients or their representatives had been consulted in relation to the use of restrictive practices
- the recommendations outlined in care management reviews were not implemented or adhered to.

There was limited evidence of the effective promotion of nursing care, which includes robust systems for reviewing, at appropriate intervals, the quality of nursing and other services provided by the home. The lack of governance/management arrangements in the home is concerning regarding the use of restrictive practices.

In view of the lack of compliance and concerns from the inspection, management representatives of The Graan Abbey Nursing Home were invited to attend a meeting at RQIA on 16 June 2015. Following this meeting, a decision was made to issue one Failure to Comply Notice in respect of restrictive practices.

4.3 Staff training

A number of concerns were identified with regard to staff training as follows:

- training certificates to validate the trainer's qualifications/competence were unavailable
- a moving and handling certificate for the trainer had been amended by hand. Clarification was sought from the training provider who confirmed the amendments to the certificate did not accurately reflect the course provided
- there was no evidence of the content of the training programmes delivered

- there was no evidence of evaluation of the effect of training on practice as part of quality improvement.

Inspectors were informed that all mandatory training was carried out by a senior staff nurse employed within The Graan Abbey. RQIA were concerned that the health and safety of patients and staff may be compromised as there was no evidence to validate the qualifications / competency of the trainer to provide all mandatory training such as moving and handling, fire safety and first aid.

These concerns were discussed at a meeting on 16 June 2015 with RQIA senior management. The responsible person was asked to review the provision of staff training and provide an assurance to RQIA that the person delivering training to staff has the required knowledge and is deemed competent to do so. The issues identified are being addressed under a separate process.

4.4 Staffing levels

Duty rotas for the week of the inspection were reviewed. The ratio of staff to patients, the dependency levels of patients, categories of care, the layout of the home and the role of the manager were also reviewed.

The Graan Abbey is a large four storey building with patients accommodated in three units over the four floors as follows -

Dementia care unit (Primrose): 20 beds – occupancy on the day of inspection: 17 patients. This unit is located on the second floor.

08:00 – 20:00 hours – One nurse and four care assistants

20:00 – 08:00 hours – One nurse and two care assistants.

General nursing and residential unit (Inishview): 38 beds - occupancy on the day of inspection: 33 patients. This unit also provides care for persons with learning disability and mental health disorder excluding learning disability. The unit is located across the basement, ground floor, first and second floors.

08:00 – 14:00 hours – Two nurses and seven care assistants

14:00 – 20:00 hours – Two nurses and six care assistants

20:00 – 08:00 hours – One nurse and three care assistants.

General nursing and residential care unit (Cloisters): 28 beds – occupancy on the day of inspection: 25 patients. This unit is located on the ground and first floors.

08:00 – 18:00 hours – One nurse and six care assistants

18:00 – 20:00 hours – One nurse and six care assistants

20:00 – 24:00 hours – One nurse and three care assistants

24:00 – 08:00 hours – One nurse and two care assistants.

The majority of staff on duty were consulted and informed the inspectors of the high dependency levels of patients and of the complex physical and mental health needs of a number of patients.

The manager worked as the second nurse in Inishview unit on the afternoon of the inspection to allow a senior nurse to deliver training.

As stated in section 4.2, registered nursing and care staff in Cloisters unit advised inspectors that they did not have time to transfer patients from their bedrooms to the lounge prior to lunchtime.

The registered person must review staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients. This requirement has been made for the second time.

4.5 Consultation with patients, their representatives and visiting professionals

Twelve patients were spoken with individually and the majority in small groups. Some patients were unable to communicate verbally with the inspectors due to the frailty of their condition. Patients advised that they were happy living in the home and that staff were good to them. No concerns were raised by any of the patients consulted.

Two patient representatives and one professional visitor were available in the home at the time of the inspection. Feedback provided was very positive regarding the care and services provided.

4.6 Safeguarding issues

A number of safeguarding allegations had been made to the management of The Graan Abbey since the previous inspection 13 April 2015. Multi agency investigations are currently ongoing. RQIA are not part of the investigatory process, however, we have been kept informed at all stages of the investigations by the Western HSC Trust and have attended multi agency strategy meetings as deemed appropriate.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carol Kelly (responsible person) and Martina Mc Guinness (manager, registration pending) as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 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 (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

****Please complete in full and returned to RQIA from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 13 (1) (a)

Stated: Second time

To be Completed by:
11 June 2015

The registered person must ensure the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.

The registered person must ensure that the treatment provided to each patient –

- meets their individual needs
- reflects current best practice, and
- is (where necessary) provided by means of appropriate aids or equipment.

Response by Registered Manager Detailing the Actions Taken:

Immediate action was taken in relation to the care review on the day of the inspection. Increased staffing levels have ensured that patients are taken to the day room earlier each morning.

In relation to restrictive practices work is ongoing to meet best practice guidelines and this will be evidenced on 18 August 2015.

Requirement 2

Ref: Regulation 13 (7)

Stated: Second time

To be Completed by:
18 August 2015

The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. Ensure the following issues are addressed:

- a number of chairs throughout the home had upholstery damage and were torn with foam exposed.

Response by Registered Manager Detailing the Actions Taken:

All chairs within the home identified with upholstery damage have been re upholstered.

Requirement 3

Ref: Regulation 15 (1) (a)

Stated: First time

To be Completed by:
28 days from date of this inspection

Not inspected at this inspection - Carried forward for review at the next inspection:

The registered person must not provide accommodation to a patient unless the needs of the patient have been fully assessed by a suitably qualified or suitably trained person and the home can meet the patients assessed needs.

The registered person must ensure that required aids or specialist assessed equipment to meet patient's needs are in place before admission.

	<p>Response by Registered Manager Detailing the Actions Taken: This is the first time that this has occurred in the nursing home. Preadmission assessment will be completed to ensure that the patients needs can be fully met before admission to the home. Where appropriate, this will include consultation with, and if necessary, a visit from allied health professionals to ensure that equipment sourced from outside the home is suitable for use with home equipment. No new patients have been admitted to the nursing home since this requirement was made.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 June 2015</p>	<p>The registered person shall maintain in the nursing home the records specified in Schedule 4. These should include the following:</p> <ul style="list-style-type: none"> • a record of all staff employed at the home including the dates employment commences and ceases • staff training records. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Records held for staff employed within the home now include the dates their employment commenced and ceased. The qualifications of the trainer and content of training is now held in the Training Folder within the home.</p>
<p>Requirement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person must review staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients.</p> <p>Consideration should be given to the development of a deputy manager role and/or clinical leads in each unit to enable the manager to develop and implement robust governance systems within the home.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Care staffing levels have increased in Cloisters Unit. Levels were also increased in Primrose Unit but are now under review due to decreased occupancy levels. Senior Nurses are taking staff skill mix into account when allocating staff and making out off duty. Two candidates were successful at interview for the Senior Care Assistant position. As outlined in QIP sent on 8 June 2015 the position of Clinical Lead will commence in September 2015. One internal candidate will commence on a part time basis and one externally recruited candidate is accepting a full time position.</p>
<p>Recommendations</p>	

<p>Recommendation 1</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that, with regard to care records –</p> <ul style="list-style-type: none"> • the assessment of the patient’s needs is kept under review, and • revised at any time when it is necessary to do so having regard to any change of circumstances • the patient’s care plan is kept under review and reflects the current assessment of needs and care delivery. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All patients within the home have had their assessment of need and care plans reviewed to reflect their current needs and care delivery.</p>
<p>Recommendation 2</p> <p>Ref: Standard 36.5</p> <p>Stated: Second time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure the organisation has robust systems in place to monitor, audit and review the quality of nursing and other services provided within the home. This includes regular audits of:</p> <ul style="list-style-type: none"> • accidents/incidents • care records • infection prevention and control • management of pressure areas. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Infection control audits are carried out weekly within the home. This is the responsibility of the Infection Control Link Nurses who have been requested to ensure the content of the audits accurately reflects any infection control issues noted in the home at the time.</p> <p>A audit tool for care records has been drawn up. A selected number of care records will be audited each calendar month. The is the responsibility of the Senior Nurse and compliance will be monitored by the Home Manager.</p> <p>Accident/incident audits have commenced and will be improved upon to ensure that patterns emerging/time of accidents/environmental issues are teased out and action taken where appropriate.</p> <p>Audit tool has been devised and is in use for the management of pressure sores.</p>
<p>Recommendation 3</p> <p>Ref: Standard 40.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>Not inspected at this inspection - Carried forward for review at the next inspection:</p> <p>The registered person should ensure that all staff who are newly appointed, including agency staff and students, complete a structured orientation and induction; and records are retained.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All new staff including agency staff and students complete a structured</p>

	orientation and induction and records are held.
<p>Recommendation 4</p> <p>Ref: Standard 40.2</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>Not inspected at this inspection - Carried forward for review at the next inspection:</p> <p>The registered person should ensure that all staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent supervision should be held for new staff and those who are not performing satisfactorily.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: A twelve monthly spreadsheet which tables all staffs previous supervision and the date supervision is due has been devised. Individual, formal supervisions will be held no less than 6 monthly for all staff and more often for staff who are not performing satisfactorily. The supervision plan is visible on each unit as a reminder and recording tool for those staff responsible for carrying out the supervision process.</p>
<p>Recommendation 5</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be Completed by: Three months from date of inspection</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>Not inspected at this inspection - Carried forward for review at the next inspection:</p> <p>The registered person should ensure that all staff have recorded annual appraisal meetings with line managers to review their performance against their job descriptions, and to agree personal development plans.</p> <p>A timetable should be developed with dates for appraisal for all staff working in the home.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p> <p>The spreadsheet which timetables the staff supervisions also shows dates of the previous and due dates for staff annual appraisals.</p>

<p>Recommendation 6</p> <p>Ref: Standard 44.4</p> <p>Stated: Second time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>The registered person should ensure that the home environment is safe for patients. Risk assessments should be completed with regard to the free standing electric heaters in use in patients' bedrooms.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: All free standing heaters in patients room have an updated Care Plan and Risk Assessment and are now attached to the wall with a cover over the heater.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 36.5</p> <p>Stated: First time</p> <p>To be Completed by: 28 days from date of this inspection</p>	<p>Not inspected at this inspection - Carried forward for review at the next inspection:</p> <p>It is recommended that audits are undertaken of patients and residents who are incontinent and the findings acted upon to enhance continence care in the home.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Continence care audits have commenced and the findings acted upon to enhance continence care. The Continence Link Nurse role has been assigned to a Care Assistant who alongside a Senior Nurse, are completing the audits.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 40.4</p> <p>Stated: Second time</p> <p>To be Completed by: Six weeks from date of this inspection</p>	<p>The registered person should ensure that records are maintained to evidence that all staff working in the home have received the following update training appropriate to their roles and responsibilities:</p> <ul style="list-style-type: none"> • the management of challenging behaviour • moving and handling • infection prevention and control • the management of restraint • safeguarding of vulnerable adults. <hr/> <p>Response by Registered Manager Detailing the Actions Taken: Training is ongoing in the areas identified and records will be available at inspection on 18 August 2015.</p>		
<p>Registered Manager Completing QIP</p>	<p>Martina McGuinness</p>	<p>Date Completed</p>	<p>28/07/15</p>
<p>Registered Person Approving QIP</p>	<p>Carol Kelly</p>	<p>Date Approved</p>	<p>28/07/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Sharon Loane</p>	<p>Date Approved</p>	<p>30.07.2015</p>