



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
The Graan Abbey**

**13 April 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 13 April 2015 from 09.15 to 19.30 hours. The focus of this inspection was to follow up on concerns raised by a whistle blower with regard to the following areas:

- communication
- respect and dignity issues
- care practices.

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

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last care inspection on 18 February 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

An urgent action record regarding moving and handling practices, restraint and the unavailability of staff training records was issued to Mrs Carol Kelly, responsible person at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home.

As a result of the inspection, RQIA were concerned that the quality of care and service within The Graan Abbey 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 with Mrs Carol Kelly, responsible person and Mrs Martina McGuinness, manager (registration pending). The inspection findings were communicated in correspondence to the registered person 24 April 2015 and a meeting took place at RQIA on 28 April 2015 at RQIA.

At this meeting, RQIA outlined our concerns and referred to relevant evidence shared with Mrs Kelly and Mrs McGuinness on the day of inspection. Mrs Kelly provided a full account of the actions that have already been taken by the home and the arrangements which have or will be implemented to ensure that the quality of care and management within The Graan Abbey achieves compliance with legislative requirements. RQIA were provided with a draft action

plan. It was agreed that the action plan would be reviewed and revised to reflect the matters discussed.

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.

RQIA will continue to monitor the quality of service provided in The Graan Abbey and will carry out a follow-up inspection to assess compliance with the legislative requirements and minimum standards.

It should be noted that continued non-compliance may lead to further enforcement action.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	11	9

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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Carewell Homes Ltd Mrs Carol Kelly	<b>Registered Manager:</b> Mrs Martina McGuinness
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Martina McGuinness	<b>Date Registered:</b> Registration pending
<b>Categories of Care:</b> NH-I, NH-PH, NH-DE, NH-MP, NH-MP(E), NH-LD, RC-I, RC-PH, RC-MP, RC-MP(E)	<b>Number of Registered Places:</b> 86
<b>Number of patients accommodated on day of inspection:</b> 83	<b>Weekly Tariff at Time of Inspection:</b> Nursing - £581.00 Residential - £461.00

## 3. Inspection Focus

Information/correspondence was received by RQIA on 01 April 2015 regarding concerns in the following areas:

- communication
- respect and dignity issues
- care practices.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas:

- communication
- respect and dignity issues
- care practices.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

## 4. Methods/Process

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

During the inspection, the inspectors met with 20 patients individually and with the majority of other patients in small groups; five nurses, 12 care staff and four ancillary staff. No patients' visitors/representatives were available to speak with the inspectors.

The following records were examined during the inspection:

- three care records
- accidents/incidents register
- complaints register
- seven personnel records (supervision)
- six personnel records (appraisal)
- four staff induction records
- staff duty rotas
- four Regulation 29 reports.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 18 February 2015. The completed QIP was returned and approved by the care inspector.

Areas to follow up/be addressed were continence care plan and audits of continence care.

#### 5.2

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 16 (1)	The registered person shall ensure that a specific care plan on continence care is contained in the patients /residents care records	Not inspected
	<b>Action taken as confirmed during the inspection:</b> This requirement was not reviewed during this inspection. It will be carried forward for review at a future inspection	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 19.4	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.	Not inspected
	<b>Action taken as confirmed during the inspection:</b> This recommendation was not reviewed during this inspection. It will be carried forward for review at a future inspection	

### 5.3 Management arrangements

Mrs Martina McGuinness is the manager of The Graan Abbey since February 2015 (registration pending). Mrs Carol Kelly is the responsible person and advised that she is present in the home four days per week to oversee the management arrangements. Monthly monitoring visits, undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, are conducted by Mrs McCaffrey, home owner. Mrs McGuinness and Mrs Kelly were available throughout the inspection and were joined by Mrs McCaffrey for feedback at the conclusion of the inspection.

### 5.4 Care practices and care records

Three patients care records were reviewed. Assessment and care plans provided conflicting information in regards to the patients identified needs and care delivery as follows:

#### Patient A

- pre-admission assessment was not completed comprehensively
- moving and handling assessment did not reflect recommendations made by the multi-disciplinary team
- risk assessments in regards to pain and infection control had not been completed
- continence assessment was incomplete
- the interventions outlined in the care plan for bowel management had not been adhered to.

Review of this patients care records, discussion with the patient and staff confirmed the care needs of the patient were not being appropriately met due to the unavailability of equipment, resulting in the patient being kept on continuous bed rest. Prior to admission, assurances had been provided to RQIA that the home could fully meet the patient's identified needs.

#### Patient B

- a moving and handling assessment and care plan contained conflicting information and was not reflective of the patient's needs
- there was no dressing regime or care plan in place for the management of the patients pressure wound
- repositioning charts had not been completed in a timely manner.

#### Patient C

- behaviour charts had not been analysed to identify triggers / trends
- staff advised of their concerns in regards to meeting the needs of the patient; however, entries made by visiting health care professionals indicated no management problems had been identified.

The concerns regarding the two patients whose individual care needs were not being adequately met were discussed with the manager and responsible person during feedback and with the HSC Trust following the inspection. Assurances were given that immediate action would be taken to secure appropriate equipment and the delivery of care would be reviewed, to

ensure that patients were in receipt of the care required to meet their individual health and welfare needs.

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.

Staff in Cloisters unit were observed with concern to perform a condemned manual handling lift of a patient from the bedroom floor to bed. No hoist was used. Patients should not be put at risk by the use of inappropriate moving and handling practices. This was discussed with the manager and an urgent actions record was issued.

A number of patients in Primrose unit were observed seated in Kirton type chairs with their feet unsupported. Registered nurses advised that one of the identified patients was mobile with assistance. The registered nurses consulted did not demonstrate knowledge or recognize that this practice was restrictive or depriving the patients from freedom of movement.

Two patients in bed rest were observed to have chairs positioned alongside their beds restricting their freedom of movement.

Medication dispensed in three medicine cups was observed to be left unattended at a nurse's station.

## **5.5 Infection prevention and control**

Issues pertaining to infection prevention and control were identified as follows:

- a number of care staff were observed not adhering to best practice guidance and principles whilst delivering care to patients. For example, continence products were handled in an inappropriate manner and staff exiting patients' bedrooms whilst wearing aprons and gloves
- staff were observed carrying out hand washing techniques in a sluice sink
- a number of chairs throughout the home had upholstery damage and were torn with foam exposed.

## **5.6 Health and Safety**

Free standing electric heaters were being used in a number of patients' bedrooms. There was no evidence of risk assessments having been completed. This was discussed with the registered person and a requirement has been made accordingly.

## **5.7 Meals and meal times**

The three units were observed from 09:30 hours onwards to include the morning routine. Staff were busy assisting patients up out of bed. A number of breakfasts which were cold were observed sitting on trays, in patient's bedrooms and in corridors at 10:30 hours. A catering assistant consulted, advised that breakfasts were sent to the units at 08:30 hours. Breakfasts were transported in an unheated trolley to Cloisters unit. Porridge was served from a non-insulated jug and toast was covered with tinfoil. Two patients in Cloisters unit confirmed that their breakfasts were frequently cold. A catering assistant advised that breakfast was transported in heated trolleys to Primrose and Inishview units.

The serving of the lunch time meal was also observed. The majority of patients had their lunch in the dining room in each of the units. The meal looked and smelt appetising and patients in the dining rooms advised that they enjoyed their lunch.

One care assistant was assisting lunch to patients in bed rest in Cloisters unit (four patients). The meal was given at different stages and the staff member had to go to the kitchen (down two floors) to obtain each patient's meal. The staff member advised that the number of patients in bed rest alternates daily as patients get up one day and are in bed rest the next day and vice versa. The explanation provided was to manage pressure areas.

The above concerns were discussed with the manager and the responsible person during feedback. The manager 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. The rationale provided for managing patients' pressure areas also requires review to reflect best practice guidance.

### **5.8 Staff induction, supervision and appraisal**

Four induction records were reviewed. There was no evidence of induction for one staff and two others were partially completed (started February and March 2015). Induction records for care staff did not include the safeguarding of vulnerable adults.

Seven personnel records were reviewed and there was evidence that one of these staff had formal supervision completed in 2014. Another member of staff (registered nurse) had a competency and capability assessment completed in 2014. The manager advised there was no induction record for registered nurses and that this was included in the competency and capability record.

Following recent safeguarding allegations, supervision records of alleged staff involved were reviewed and were found to be insufficient and inadequate to assure inspectors that issues had been addressed appropriately. This was discussed with the manager and the HSC Trust (SOVA team) following the inspection.

Six staff appraisal records were examined and evidenced that three staff had appraisal in 2013 and two in 2014. There was no record of appraisal for one staff member.

### **5.9 Staff training**

Staff training records were not available and the manager and the responsible person advised that the records had been removed from the home by the trainer for updating. No records were available to validate the trainer's qualifications. An urgent action record was issued.

### **5.10 Quality assurance and governance**

Management confirmed that monthly quality assurance audits had not been completed in regards to the following:

- accidents/incidents
- care records.



There was a lack of a robust approach to monitoring the quality of services provided in the home. The review of audits completed in respect of care records were not undertaken in a systematic manner and did not evidence the shortfalls identified during this inspection. Audits and monitoring in regards to the management of accidents/ incidents were unavailable.

A review of Regulation 29 reports identified a lack of robustness. These reports were not comprehensive to provide assurances of the overall operations and conduct of the nursing home. The monthly monitoring reports for the period December 2014 – March 2015, undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, did not clearly evidence the monitoring of issues identified. The reports examined were positive with no major issues identified. The reports contained information / statements that could not be evidenced from the review of records examined pertaining to the identified practice. For example, accident / incidents reviews stated “no themes/patterns identified” however, no analysis of accidents / incidents had been completed. Staff induction records were recorded as “compliant; this was contrary to the findings of a sample of induction records reviewed during inspection.

Concerns were raised with the registered person regarding the management and governance arrangements in view of the size and layout of the home and the absence of robust governance systems to monitor the operations of the home. A requirement has been made.

#### **5.11 Records to be kept in the home**

A record of all staff employed at the nursing home must be maintained in the home in accordance with Regulation 19 (2) Schedule 4 (6). This record was unavailable on the day of the inspection.

#### **5.12 Staffing levels**

Duty rotas for weeks commencing 6 April and 13 April 2015 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: 20 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: 37 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 five 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: 26 patients. This unit is located on the ground and first floors.**

08:00 – 18:00 hours – Two nurses and four/five care assistants

18:00 – 20:00 hours – One nurse and four 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.

Twenty patients were spoken with individually and the majority in small groups. Patients advised that they were happy living in the home and that staff were kind to them. Two patients advised they felt they had to wait an unreasonable time for staff to respond to the nurse call bell. One patient was observed standing in the corridor at 11:00 hours in Cloisters unit in their night attire. The patient informed inspectors that they were waiting on assistance with washing and dressing. In the same unit, another patient who required assistance with toileting waited approximately five minutes for staff to respond to the nurse call bell. Staff were observed to be busy assisting other patients up out of bed.

The organisational structure for the nursing home was discussed with both the registered person and the manager who advised that there was no deputy manager or clinical leads employed. There were two senior nurses employed who had each six hours allocated weekly for operational review / development work; however, discussion and a review of duty rotas evidenced that this happened very rarely. The manager advised that she worked on the floor each week; duty rosters confirmed that hours worked were actual nursing hours and not hours in a supernumerary capacity.

The registered person is required to review staff allocation, taking into consideration the structure and layout of the home, the categories of care and the dependency levels of patients. Consideration should be given to the development of a deputy manager role and/or clinical leads in each unit to assist with the management duties and to provide a strong lead nurse role in each unit.

### **5.13 Incidents/accidents records**

The review of a sample of incident/accident records evidenced that one incident which occurred on 02 March 2015, had not been notified to RQIA in accordance with legislative requirements. The inspectors were also aware of a safeguarding allegation which had been made to the manager since the previous inspection 18 February 2015. A notification had not been submitted to RQIA. There was no evidence of the analysis of accidents/incidents analysis or any trends identified. A requirement has been made in this regard.

### **5.14 Complaints records**

One complaint had been received since the previous inspection on 18 February 2015 and four complaints had been recorded for 2014. There was evidence of all complaints having been responded to/investigated appropriately.

## 5.15 Safeguarding issues

A number of safeguarding allegations had been made to the management of The Graan Abbey since the previous inspection 18 February 2015. Regional safeguarding policies and procedures had not been adhered to with regard to an allegation made in December 2014. A requirement has been made for all staff to have update training in safeguarding of vulnerable adults.

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.

### Areas for Improvement

- 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.

<b>Number of Requirements</b>	<b>11</b>	<b>Number Recommendations:</b>	<b>9</b>
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## 6. 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.

### 6.1 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, Regulations 12 (4) (a) and (b); 13 (1) (a); 13 (4) (a); 13 (7); 14 (5); 15 (1)

(a); 16 (1); 19 (2); 20 (1) (a), 29 and 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Minimum Standards for Nursing Homes (2015) 4.7; 23.2; 36.5; 36.6; 40.1; 40.4; 41.1; 41.2 and 44.4. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the 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](mailto:nursing.team@rqia.org.uk) (non-paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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..

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 12 (4) (a) and (b)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Heated trolleys are now provided for breakfast on 2 units covering a total of 3 floors. A heated trolley is not provided for the Primrose Suite as this unit has its own kitchen. Airpots are available for the trolleys which are filled with hot water so tea/coffee can be made on each floor. Vacuum jugs are also available which hold hot milk for porridge and cereals. The toast is also stored in the trolleys. The kitchen staff bring these trolleys to each floor and either they or the care assistants will serve breakfast to the residents. Residents will have been left ready for their breakfast by the care assistants i.e. sitting up in bed or sitting on chairs in their own bedrooms. If a resident requests an earlier or later breakfast this is facilitated by the care assistants on duty. No hot breakfasts are left sitting on trays for any period of time. Nurses on each floor will monitor this daily. Trays are removed immediately from the residents bedrooms following breakfast.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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"> <li>• meets their individual needs</li> <li>• reflects current best practice, and</li> <li>• is (where necessary) provided by means of appropriate aids or equipment.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Patient A is no longer resident in the home.  Patient B is no longer resident in the home.</p> <p>Patient C is still resident in the home. Staff who carry out preadmission assessments are now aware of the need to request from Care Managers and/or allied health professionals any supplementary information that may be relevant in the decision as to whether the home is suitable to meet the patient's needs. It will be documented that this has been requested, whether information has been received or not, and the nature of that information.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</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>(a)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of this inspection</p>	<p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The nurse involved has had a supervised medicine round with the Senior Nurse. She has attended medicine training in January 2015 and will reattend the next training session also which is currently scheduled for September 2015.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of this inspection</p>	<p><b>Not inspected at this inspection - Carried forward for review at the next inspection:</b></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"> <li>• staff must adhere to best practice guidance and principles in infection prevention and control, whilst delivering care to patients</li> <li>• staff must refrain from carrying out hand washing techniques in sluice sinks</li> <li>• a number of chairs throughout the home had upholstery damage and were torn with foam exposed.</li> </ul> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Infection control training has been held for staff which has been well attended. Expected date for 100% attendance is end June 2015.</p> <p>All care assistants on day duty have had a supervised practice session with a retired Nursing tutor who has previously managed the home. Against current Infection control guidelines staff were observed and tutored regarding the appropriate use of PPE, 7 steps of handwashing, handling of clean and dirty linen, bedmaking, disposal of soiled incontinence products. Records of these supervisions are held.</p> <p>Staff have been instructed during training that sluice sinks must not be used for washing hands and notices placed in the sluice rooms. 7 steps posters now displayed in all ensuites and other sinks deemed suitable.</p> <p>Several chairs have been repaired, others are awaiting repair and will be sent once repaired chairs are received back to the home. Some chairs and cushions have been disposed of.</p> <p>Alison Quinn from Public Health has been requested to carry out an Infection control audit of the entire premises. This will be carried out by end June 2015..</p>
<p><b>Requirement 5</b></p> <p>Ref: Regulation 14 (5)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>The practice of placing furniture against beds was discussed with night staff at meetings held on 15, 16, 18, 20, 22 &amp; 25 April 2015. Night staff have all attended training on Restrictive practices. Night time inspections of the home have been carried out by Carol Kelly on 18 May and Martina McGuinness on 20 May. On both occasions there was no evidence of chairs or tables placed up</p>

	<p>against beds. The responsible person is sourcing training on Deprivation of Liberty &amp; Human rights which all Nursing and Care staff will be expected to attend. Expected date for completion of attendance: End August 2015.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 15 (1) (a)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> This is the first time this has occurred in the nursing home. Preadmission assessments 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.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of this inspection</p>	<p><b>Not inspected at this inspection - Carried forward for review at the next inspection:</b></p> <p>The registered person shall ensure that a specific care plan on continence care is contained in the patients /residents care records</p> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> A specific care plan on continence has been written and is now contained in the patients care records.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 19 (2)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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"> <li>• a record of all staff employed at the home including the dates employment commences and ceases</li> <li>• staff training records.</li> </ul> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Staff training records are held in the home. The trainer has been told these records must not be removed from the premises. A record of all staff employed is held in the home. On the date of the inspection these records were held on the wage clerks database and due to her absence they could not be printed. As from 5 June 2015 the records held will also include the date of commencement and cessation of employment.</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</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><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of this inspection</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><b>Response by Registered Manager Detailing the Actions Taken:</b> The Clinical lead role has been advertised in local newspapers, Fermanagh Herald, Impartial Reporter, Ulster Herald and online for Northwest Newsgroup. Also advertised in Anglocelt newspaper (Eire). Closing date for all advertisements was end April 2015. We are keen to recruit one internal applicant who will cover all units, however the candidate is not in a position to commence the role for an estimated 3 months. In the meantime, we have advertised internally to recruit Senior Care assistants. This role will be on trial in one unit initially. Roles and responsibilities will involve assisting the Manager and Senior nurses with auditing procedures on all units and will be reviewed upon commencement of the Clinical Lead Nurse. Interviews are to be held week commencing 8 June 2015.</p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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><b>Response by Registered Manager Detailing the Actions Taken:</b> RQIA are notified without delay of any notifiable event.</p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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><b>Response by Registered Manager Detailing the Actions Taken:</b> Mrs McCaffrey, who completes the Regulation 29 reports has improved the quality of the documentation of her unannounced visits to the home to ensure they more accurately reflect the areas inspected, are robust and provide assurances of the quality and safety of care provided in the home.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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"> <li>• the assessment of the patient’s needs is kept under review and</li> <li>• revised at any time when it is necessary to do so having regard to any change of circumstances</li> <li>• the patient’s care plan is kept under review and reflects the current assessment of needs and care delivery.</li> </ul> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Care plans are reviewed and updated monthly by the named nurse. If there is a change in the needs of the resident the nurse in charge will update the care plan</p>



	and risk assessments on the day.
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 36.5</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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"> <li>• accidents/incidents</li> <li>• care records</li> <li>• infection prevention and control</li> <li>• management of pressure areas.</li> </ul> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>Infection control audits are already carried out weekly in the home. This is the responsibility of the Infection Control Link Nurse who has 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 spreadsheet audit tool for care records audits has been drawn up. A selected number of care records will be audited each calendar month. This is the responsibility of the Senior Nurse and compliance will be monitored by Martina McGuinness, Home Manager.</p> <p>Accident/incident audits have commenced and will be improved upon to ensure that patterns emerging/ timing of accidents/environmental issues are teased out and action taken where appropriate.</p> <p>An audit tool on the management of pressure areas will be devised and records will be maintained from week commencing 22 June 2015.</p> <p>Currently Martina, Home Manager and Senior Nurses (3) are responsible for all auditing procedures. Due to recent Nursing workload it has not been possible to commence all auditing procedures within the timescale. It is envisaged that these roles will be delegated, in part, to the Clinical lead and Senior care assistants when these posts are filled.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 40.1</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>All new staff including agency staff and students complete a structured orientation and induction and records are held.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 41.2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of</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><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>A twelve monthly spreadsheet which tables all staff's previous supervision and</p>

this inspection	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><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 41.1</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> Three months from date of inspection</p> <p><b>To be Completed by:</b> 28 days from date of this 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><b>Response by Registered Manager Detailing the Actions Taken:</b> The spreadsheet which timetables the staff supervisions also shows dates of previous and due dates for staff annual appraisals.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 44.4</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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><b>Response by Registered Manager Detailing the Actions Taken:</b> Many free standing heaters have been removed. For those remaining, a risk assessment is completed for the patient/resident. Tom McCaffrey, Home owner, is in communication with Raymond Sayers, RQIA estates with regard to improving safety measures around extra heating provision for identified patients. Following consultation with RQIA, brackets have been ordered and will be fitted to heaters for wall mounting when they arrive.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 36.5</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 28 days from date of this inspection</p>	<p><b>Not inspected at this inspection - Carried forward for review at the next inspection:</b></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><b>Response by Registered Manager Detailing the Actions Taken:</b> 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><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 40.4</p> <p><b>Stated: First time</b></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"> <li>• the management of challenging behaviour</li> <li>• moving and handling</li> </ul>

<p><b>To be Completed by:</b> Six weeks from date of this inspection</p>	<ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• the management of restraint</li> <li>• safeguarding of vulnerable adults.</li> </ul> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Staff training has been ongoing in all the above areas and has been very well attended. We hope to achieve 100% attendance by the end of June 2015.</p>		
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 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> <hr/> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> All staff have been reminded about the importance of good record keeping in relation to repositioning charts. The nurses on duty have been checking these and report that the documentation has improved. Regular audits of these records will be the responsibility of the Clinical lead Nurse and/or senior care assistants.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Martina McGuinness</p>	<p><b>Date Completed</b></p>	<p>08.06.15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Carol Kelly</p>	<p><b>Date Approved</b></p>	<p>08.06.15</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p><b>Bridget Dougan</b></p>	<p><b>Date Approved</b></p>	<p><b>09/06/15</b></p>

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

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