

Unannounced Care Inspection Report 6 July 2017



The Tilery

Type of Service: Nursing Home

Address: 130 Swanlinbar Road, Florencecourt, Enniskillen, BT92 2DZ

Tel no: 028 6634 8811

Inspector: Sharon Loane

www.rgia.org.uk

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 40 persons.

3.0 Service details

Organisation/Registered Provider: The Tilery Responsible Individual(s): Mr Stephen Stranney Mrs Claire Stranney	Registered Manager: Mrs Eileen Stanford
Person in charge at the time of inspection: Mrs Eileen Stanford	Date manager registered: 8 December 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 40 comprising: 2 residential care places in category RC-I with 3 additional persons in this category. The home is approved to provide care on a day basis to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 6 July 2017 from 10.30 to 16.45 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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home 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 the maintaining of good relationships within the home and staff knowledge of patient preferences. The culture and ethos of the home promoted treating patients with dignity and respect and ensuring quality of services provided.

Areas requiring improvement were identified in relation to notifications of accidents and incidents, auditing arrangements and the working arrangements of the registered manager to ensure they have sufficient time to undertake the day to day operational management of the home effectively. Other areas for improvement were identified in relation to: monitoring arrangements for staff's registration with their professional bodies; the recording of the duty rota and the implementation of the new regional operational safeguarding policy and procedures.

Patients said, “Staff are very good,” “Staff are friendly and caring,” and “My condition has improved since coming to the home.” 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
Total number of areas for improvement	2	*6

*The total number of areas for improvement includes two standards which have been stated for a second time and one area for improvement made under a standard at a previous care inspection has been escalated to an area for improvement under the regulations.

Details of the Quality Improvement Plan (QIP) were discussed with Eileen Stanford, Registered Manager, 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 6 February 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 February 2017. 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight patients, three care staff, two registered nurses, two ancillary staff and two patients’ visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients’ representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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 registered nurses and care staff for weeks commencing 26 June & 3 July 2017
- 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
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints records
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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, partially met, or not 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 6 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	<p>A system should be implemented to ensure that registered nurses' registration with the Nursing and Midwifery Council (NMC) and care staffs' registration with Northern Ireland Social Care Council (NISCC) is checked on a regular basis.</p>	Not met
	<p>Action taken as confirmed during the inspection: A discussion with the registered manager and a review of information evidenced that the arrangements in place for monitoring staffs' registration as outlined above was not robust. Shortfalls identified at this inspection have resulted in this area of improvement being escalated to an area of improvement under the regulations.</p> <p>Please refer to section 6.4 for further detail.</p>	
Area for improvement 2 Ref: Standard 4 Stated: First time	<p>Assessments and care plans should be commenced based on the pre admission assessment on the day of admission and fully completed within five days of admission to the home.</p> <p>Care plans should accurately reflect the patient's individual assessed need, care and treatment required and any include recommendations from relevant health and social care professionals.</p>	Partially met
	<p>Action taken as confirmed during the inspection: A review of care records evidenced that assessments and care plans were commenced on the day of admission and completed within the five day timeframe as outlined in the Standards. This element of this area for improvement has been met.</p>	

	<p>A review of care records for three patients evidenced that in the majority, care plans were in place according to patient's needs. However, one of the care records reviewed was not updated to accurately reflect the care required in regards to wound care. In addition some of the care plans had not been reviewed and/or updated since February 2017.</p> <p>Therefore, this area for improvement has been partially met and has been stated for a second time in relation to this specific element. See section 6.5 for further information.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person should ensure contemporaneous recording of repositioning records and records should be in accordance with best practice guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of repositioning records evidenced that these were not maintained in accordance with best practice. Records did not reflect that the condition of the patient's skin had been checked.</p> <p>This area for improvement has not been met and therefore has been stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12 Criteria 12</p> <p>Stated: First time</p>	<p>The registered manager should ensure that patient's nutritional needs are met in line with current best practice and there is a system in place to ensure nutritional needs are met in regards to any prescribed nutritional treatment and care required.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A review of one patients care record evidenced that the care plan accurately reflected the patient's nutritional and dietary needs as per the SALT assessment. A discussion with staff demonstrated that they were knowledgeable regarding same and an observation of food and fluids served evidenced that they were consistent with the plan of care in place.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 4 Criteria 9 Stated: First time	The registered person should all records are legible and in accordance with NMC guidelines.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement had been met.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered manager should review the quality and depth of the care records auditing to assure the safe delivery of quality care.	Met
	Action taken as confirmed during the inspection: A review sample of care audits evidenced that these had been completed comprehensively. Although some shortfalls were identified in one care record at this inspection, a review sample of care records accurately reflected the findings as detailed in the care audits completed.	

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. The registered manager advised that the home would like to have a second registered nurse on the night duty shift to further enhance the existing skill mix. However, the home was finding it difficult to accomplish this due to the shortage of registered nurses. The registered manager confirmed that the current staffing arrangements including skill mix were sufficient to meet the needs of the patients.

A review of the staffing rota for weeks commencing 26 June and 3 July 2017 evidenced that the planned staffing levels were adhered to on most occasions. At the time of the inspection, the registered manager was working as a registered nurse due to staff absenteeism. A discussion with the registered manager demonstrated that she was required to work on the floor as a registered nurse most weeks as efforts to recruit registered nurses had been unsuccessful. Please refer to section 6.7 for further detail. The registered manager confirmed the staff vacancies within the home and advised that efforts had been made to recruit staff on an ongoing basis. The registered manager advised that the geographical area impacted on the availability of agency registered nurses and also challenged the consistency of staff available.

A registered nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. It was noted that some of the duty rotas were recorded in pencil and information recorded for one staff member did not accurately reflect the capacity in which they had worked, this matter was discussed with the registered manager and has been identified as an area for improvement under the standards.

Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Staff spoken with acknowledged the registered managers commitment to the home stating that she worked on the floor when other staff were unavailable to ensure the delivery of care.

Although the home was busy at the time of the inspection, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

A review of one staff's recruitment record evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records confirmed 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. An induction booklet was completed and signed by the new employee and the staff member responsible for completion of the induction. There was evidence that the induction process had oversight from the registered manager.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met.

Discussion with the registered manager, the homes administrator and review of training records evidenced that they had a system in place to ensure staff attended mandatory training. These records were not examined in their entirety. However, staff spoken with understood the importance and their obligation to fulfil their mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager. During the discussion, the registered manager referred to an incident in relation to a registered nurse whose professional registration had lapsed and who continued to work as a registered nurse in the home for a period of at least 10 weeks. The registered manager advised that as soon as this shortfall was identified the registered nurse was removed from their role as registered nurse. A review of records confirmed that the arrangements for monitoring the registration status of nursing staff were not sufficiently robust. Similarly, the arrangements for monitoring the registration status of care staff with Northern Ireland Social Care Council (NISCC) were not managed appropriately. This matter had been identified as an area for improvement under the standards at a previous care inspection. However, due to the findings of this inspection, this matter has had now been escalated as an area for improvement under regulations.

In addition, the registered manager had failed to notify RQIA of the above incident in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This has been identified as an area for improvement under regulations within the well led domain. Please refer to section 6.7 for further detail.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

However, a discussion with the registered manager confirmed that the home had not yet made any arrangements to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had also not been identified. This has been identified as an area for improvement under the standards.

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

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were monitored. However, the system in place did not effectively identify any patterns and trends. Action plans were not developed consistently in relation to audits undertaken. This has been identified as an area for improvement within the well led domain.

Review of records pertaining to accidents and incidents forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, the dining room and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction and the homes environment to include the management of infection prevention and control.

Areas for improvement

Areas for improvement were identified in relation to monitoring arrangements for staffs registration with their professional bodies; the recording of the duty rota and the implementation of the new regional operational safeguarding policy and procedures.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

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.

Two care records reviewed accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. Care plans reviewed in regards to dietary requirements included the actual dietary advice as per SALT. This had been identified as an area for improvement at a previous care inspection and was evidenced to be met.

The following shortfalls were identified in relation to the third care record reviewed. The care plan for wound management had not been updated to reflect recommendations as per the tissue viability nurse. However, a review of wound care records evidenced that the care had been delivered as per the recommendations made. Some care plans had not been evaluated since February 2017. This has been stated for an area for improvement under the standards for a second time.

Supplementary care charts such as food and fluid intake records and bowel management records evidenced these were maintained in accordance with best practice guidance, care standards and legislation. The registered manager advised that the home were reviewing the use of food and fluid intake records, as they were being completed for some patients who did not require this intervention and it was causing some gaps in records.

A review sample of repositioning records evidenced that these were not being maintained in accordance with best practice. Although records evidenced the positional changes made, no comments were recorded to demonstrate that the skin and/ pressure areas had been checked. A discussion with care staff demonstrated that they understood and were knowledgeable regarding the purpose of this intervention and the importance of recording the required information to ensure that the plan of care in place is effective. These findings are disappointing given that this was identified as an area for improvement at a previous care inspection. This area for improvement has not been met and therefore has been stated for a second time.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the information provided was adequate to ensure the delivery of care.

Discussion with the registered manager, staff and a review of the minutes of meetings confirmed that staff meetings were conducted regularly. Minutes of the meetings were available and included details of attendees; dates; areas discussed and decisions made.

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 their line manager and /or the registered manager.

The registered manager confirmed that they operate an 'open door policy' and are readily available to discuss any issues with staff, patients and/or relatives. It was evident at this inspection that the registered manager was very visible, approachable and very involved in the delivery of care.

Patients and their relatives were confident in raising any concerns they may have with the staff, management and the owners of the home. Comments provided were positive about the involvement of the owners in the day to day running of the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the completion of supplementary documentation; teamwork; communication between patients, staff and other key stakeholders. There was also evidence of good practice in relation to care planning with the exception of shortfalls identified in one care record.

Areas for improvement

No new areas for improvement were identified at this inspection. However, consideration must be given to two areas for improvement under regulation which have been stated for a second time. These are in relation to the recording of repositioning records and care planning.

	Regulations	Standards
Total number of areas for improvement	0	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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting to patients whilst assisting them. Staff were observed to knock on patients bedroom doors before entering and kept them closed when providing personal care. 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.

Patients stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choice of attire. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room. Patients were seated around tables which had been appropriately set for the meal. Food was served from the kitchen when patients were ready to eat or be assisted with their meals. Food prepared appeared nutritious and appetising. The mealtime was well supervised and a discussion with staff demonstrated that they were knowledgeable of patient's dietary needs. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff were observed offering food alternatives to patients when it appeared they were not eating or enjoying their meal. Patients appeared to enjoy the mealtime experience.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. As previously referred to, discussion with patients individually and with others in smaller groups confirmed that they were content living in the home. Some examples of comments received have been included in section 4.0.

Other examples include:

"Some of the staff gives me a hug and I enjoy same."

"Excellent home the staff really do care for you."

As discussed in section 5.0, a number of staff were spoken with during the inspection. All staff commented positively about the standard of care and other services provided in the home.

Some examples of comments included:

"I would put my relative in here if I had to."

"The manager is involved, she is fantastic."

"No concerns, busy and well supported."

We spoke with the relatives of two patients, all of whom commented positively with regard to the standard of care and communication in the home.

Numerous compliments had been received and were displayed in the home in the form of letters and thank you cards.

The following are examples of comments received:

"The staff were amazing, all so professional, cheerful, kind and helpful – As well as ... being cared for we as a family were well looked after."

"I cannot fully express my gratitude to you all for the superb standards of care and compassion that you gave to ... in all aspects of his time with you, the nursing care, the personal care, the variety of food, the beautifully ironed shirts – such standards."

As part of the inspection process, we also issued questionnaires to staff (ten), patients (eight) and their representatives (ten). No questionnaires were returned within the timescale for inclusion in this report.

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. There was also good practice observed in regards to the mealtime experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager and review of records and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

As previously discussed the registered manager has been increasingly working as a registered nurse. Whilst recruitment was ongoing for registered nurses efforts to date have been unsuccessful. Based on some of the findings of this inspection, we were concerned that the registered manager undertaking the role of a registered nurse on a frequent basis, has the potential to impact on the time they have to provide day to day operational management and sustain the governance arrangements in the home. The working arrangements of the registered manager should be kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively. This was identified as an area for improvement under the standards.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were in the majority managed appropriately. However, as previously discussed in section 6.4 a shortfall was identified and an area for improvement has been made under the regulations within this domain.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance in relation to falls, care records, infection prevention and control, environment, complaints, incidents/accidents. However, some of these were not up to date and analysed appropriately. Timely actions had not been taken to address shortfalls identified for some audits completed. We discussed the importance of regular robust auditing to assure care delivery and other services provided in the home. This was identified as an area for improvement under the standards.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. However, the reports failed to identify some of the shortfalls evidenced at this inspection.

Discussions with staff confirmed that there were good working relationships and that management were 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 support and the maintenance of good working relationships between staff. Overall the reporting of incidents to RQIA was effectively managed and governance arrangements in relation to the environment; care planning were good.

Areas for improvement

Areas for improvement have been identified in relation to; notification regarding the incident identified at this inspection, auditing arrangements and the working arrangements of the registered manager to ensure they have sufficient time to undertake the day to day operational management of the home effectively.

	Regulations	Standards
Total number of areas for improvement	1	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 Eileen Stanford, Registered Manager, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (5) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a robust system is developed and maintained to monitor the registration status of nursing staff in accordance with the Nursing and Midwifery Council (NMC)</p> <p>Ref: Section 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken: New system developed to monitor the registration status of nursing staff in accordance with the NMC.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that notifications are submitted to RQIA as outlined in the regulations.</p> <p>Ref: Section 6.4 & 6.7</p>
	<p>Response by registered person detailing the actions taken: The registered person will ensure that notifications are submitted to RQIA as outlined in the regulations.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>Assessments and care plans should be commenced based on the pre admission assessment on the day of admission and fully completed within five days of admission to the home.</p> <p>Care plans should accurately reflect the patient's individual assessed need, care and treatment required and any include recommendations from relevant health and social care professionals.</p> <p>Ref: Section 6.2 & 6.5</p>
	<p>Response by registered person detailing the actions taken: Assessments and careplans are commenced based on the pre admission assessment on the day of admission and fully completed within 5 days of admission.</p> <p>Care plans shall accurately reflect the residents individual assessed needs, care and treatment and do include recommendations from relevant health and social care professionals.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person should ensure contemporaneous recording of repositioning records and records should be in accordance with best practice guidelines.</p> <p>Ref: Section 6.2 & 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Repositioning records have been reviewed and now are in accordance with best practice guidelines.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person should put arrangements in place to embed the new regional safeguarding policy and operational procedures into practice within the home.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will put arrangements in place to embed the new regional safeguarding policy and operational procedures into practice within the home.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that governance arrangements to monitor audit and review the quality of nursing and other services provided within the nursing home should be implemented and completed on a regular basis. An action plan should be developed for any identified improvements and the follow –up actions required.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will ensure that governance arrangements to monitor audit and review the quality of nursing and other services provided will be implemented and completed on a regular basis, to include an action plan for any identified improvements and follow up actions if required.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that the duty rota is maintained in accordance with legislation and care standards.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The duty rota will be maintained in accordance with legislation and care standards.</p>

Area for improvement 6 Ref: Standard 35.6 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that the working arrangements of the registered manager are kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively. Ref: Section 6.4 & 6.7
	Response by registered person detailing the actions taken: There have been ongoing and extensive efforts and resources focused on the recruitment of Nurses to ensure that the working arrangements for the registered manager are sufficient to undertake the day to day operational management of the home effectively.

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



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