



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	The Tilery
RQIA Number:	1217
Date of Inspection:	20 November 2014
Inspector's Name:	Sharon Loane
Inspection ID:	IN017256

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Establishment:	The Tilery
Address:	130 Swanlinbar Road Florencecourt Enniskillen BT92 2DZ
Telephone Number:	(028) 6634 8811
Email Address:	thetilery@btconnect.com
Registered Organisation/ Registered Provider:	Mrs Claire Stranney
Registered Manager:	Mrs Martina McGovern
Person in Charge of the Home at the Time of Inspection:	Mrs Martina McGovern
Categories of Care:	NH-I, RC-I Plus two day care places per day
Number of Registered Places:	36 (34 NH-I, two RC-I)
Number of Patients Accommodated on Day of Inspection:	32 NH-I, 2 RC-I
Scale of Charges (per week):	£581 Nursing £450 Residential
Date and Type of Previous Inspection:	13 May 2014 08.00 hours – 16.40 hours
Date and Time of Inspection:	20 November 2014 10:15 - 17:15 hours
Name of Inspector:	Sharon Loane

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with three visiting relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	5
Staff	5
Relatives	2
Visiting Professionals	0

Questionnaires were distributed during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	5	5
Relatives/Representatives	6	3
Staff	10	5

6.0 Inspection Focus

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

The Tilery nursing home is situated in its own beautifully landscaped grounds off the main Enniskillen – Swanlinbar Road.

The nursing home is owned and operated by Mr & Mrs Stranney. The current registered manager is Mrs Martina McGovern.

Accommodation for patients / residents is provided on the ground floor divided into three corridors, East, South and Riverside wing and comprises of 26 single bedrooms, 15 with en-suite and five double bedrooms, one with en-suite. There are three sitting rooms, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

Adequate car parking facilities are provided at the front of the home.

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

Nursing Care

I Old age not falling within any other category

Residential Care

I Old age not fall within any other category.

The home is also registered to provide day care for two persons on a daily basis.

8.0 Executive Summary

The unannounced secondary inspection of The Tilery nursing home was undertaken by Sharon Loane on 20 November 2014 between 10:15 - 17:15 hours. The inspection was facilitated by Mrs Martina McGovern, registered manager. Mrs Martina McGovern, registered manager, and two registered nurses were available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 13 May 2014.

The inspector observed care practices which evidenced that the quality of interactions between staff and patients at the time of the inspection demonstrated courtesy, respect and engagement with patients. Patients including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed, relaxed and comfortable in their surroundings. Patients spoken with and questionnaire responses confirmed that patients were happy living in the home.

Four patients' care records were examined in relation to continence management and support. Care records evidenced that the standard of record keeping in relation to this aspect of care reflected an assessment, care planning and evaluation process which included the promotion of continence / management of incontinence and patient dignity. Discussion took place with the registered manager how the assessment and care records could be further developed to inform and evaluate care delivery in this regard. Patient care records need to be reviewed and updated to ensure that patients assessed needs are fully reflected in the care plans. Review of care records revealed that care plans and risk assessments were not reviewed on a monthly or more frequent basis. Issues pertaining to review of care planning and risk assessment, and records being kept up to date were highlighted in a previous inspection in May 2014. Requirements in this regard are being re-stated.

A range of policies, procedures and guidelines in relation to continence management were available. A recommendation has been made for additional guidelines to be made available to staff and used on a daily basis and associated policies and procedures are reviewed accordingly.

Training records and discussion with staff evidenced training had been completed to support registered nurses and care staff in relation to elements of care and practices pertaining to continence management. However, following discussion with staff and review of training records, registered nurses had not completed updated training on male and female catheterisation, and management of stoma care. A requirement has been made.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

Duty rotas spanning a three week period were reviewed and evidenced that staffing numbers were sufficient to meet RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection. The review identified that the registered nurses skill mix was below the recommended minimum staffing guidance during 20:00 – 08:00 hours. This was discussed with the registered manager who advised two registered nurses had recently left; however, the home is actively recruiting to replace this shortfall.

No issues in relation to the provision of care were observed, nor were there any concerns raised regarding staffing by patients or staff. However, a recommendation is made that the number and ratio of staff to patients is calculated using a method that is determined by and agreed with the RQIA.

During the inspection, six staff were consulted: one registered nurse, the deputy sister, two care staff, one kitchen assistant and one laundry assistant. Five staff completed questionnaires. Staff responses in discussion and in the returned questionnaires were positive regarding to the standard of care provided to patients.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents was evidenced to be of a satisfactory standard.

Additional areas were also examined including:

- complaints
- patients/residents under Guardianship
- care records
- environment

Details regarding these areas are contained in section 11.0 of the report.

The inspector reviewed and validated the home's progress regarding the five requirements and five recommendations made at the last inspection on 13 May 2014 and confirmed compliance outcomes as follows: three requirements and two recommendations had been fully complied with; two requirements have been re-stated for the second time and one recommendation was substantially compliant and two moving towards compliance.

Conclusion

As a result of this inspection, four requirements, including two which were re-stated were made as a result of this inspection. Six recommendations were made including three carried forward from the previous inspection. Details can be found in the main body of the report and attached quality improvement plan (QIP).

The inspector would like to thank the patients / residents, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, relatives and staff who completed questionnaires.

9.0 Follow-Up on Previous Issues from inspection on 13 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20 (1)(c)(i)	Staff as appropriate are required to be trained in the following areas; Preparation and presentation of pureed meals Food & fluid thickening agents.	The registered manager confirmed that training had been provided in the identified areas. Training records of staff attendance were reviewed by the inspector and there was evidence of compliance with this requirement.	Compliant
2	13 (1)(a)	The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.	Care records examined, evidenced that the home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.	Compliant
3	16 (2)	The registered person shall ensure that the patients' care records are reviewed and updated in order to ensure that care plans fully reflect the patients' assessed needs. The care plans should be kept under review.	Review of four care records revealed that a number of care plans and supplementary risk assessments were not reviewed on a monthly or more frequent basis. The reviews of supplementary risk assessments and care plans did not fully reflect the outcome of assessments and the care prescribed in care plans. This requirement is re-stated	Not compliant

4	19 (3)(a)	The registered person shall ensure that records are kept up to date.	<p>Four care records were examined and evidenced records are not been reviewed and updated at monthly or more frequent intervals.</p> <p>This requirement is re-stated</p>	Not compliant
5	12 (4)(a)	The registered person shall ensure that food and <u>fluids</u> are provided in adequate quantities and at appropriate intervals.	The inspector evidenced food and fluids been offered at timely intervals. Food and fluid records examined also evidenced food and fluids had been offered and recorded accordingly during a 24 hour period.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	30.1	It is recommended that a deputy manager/ senior nurse be appointed to assist and support the registered manager in the overall operation and management of the home.	The registered manager confirmed that a deputy sister has been appointed. The deputy sister is contracted for 36 hours and will have designated management time. This arrangement will be effective from January 2015.	Substantially compliant compliance
2	13.5	It is recommended that additional hours be provided for the provision of activities to patients.	The registered manager and staff duty records evidenced the provision of additional hours for patient activities. The Activity therapist is currently contracted for 15 hours.	Compliant
3	1.1	It is recommended that turn knobs be fitted on bedroom doors with exceptions noted in patients' care plans.	The registered manager advised that the home is actively sourcing suitable 'turn knobs' compatible with existing doors. In the interim staff are knocking on patient doors before entering to respect patient dignity and this practice was observed at the time of inspection.	Moving towards compliance
4	E54	It is recommended that suitable transparent privacy screening be provided at the nurses' station.	The registered manager advised that the home is actively sourcing suitable transparent screening for the nurses' station.	Moving towards compliance

5	30.9	It is recommended that details in reports of visits undertaken under Regulation 29 be discussed with staff during staff meetings/forums.	Staff meeting minutes were examined by the inspector. Minutes referred to Regulation 29 visits informing staff of the purpose of Regulation 29 visits and the availability of the record for public consultation	Compliant
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9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous inspection 13 May 2014 no complaints or safeguarding issues have been reported to the RQIA.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of four patients' care records evidenced that continence assessments were undertaken. However, continence assessments examined did not include detailed information in respect to patients' bowel function. The continence assessment template used did not make provision for such assessment nor for assessment of a patient requiring a urinary catheter or stoma care.</p> <p>The promotions of continence, product type, and skin care and patients dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>The care plans reviewed in the main addressed the patients' assessed needs in regard to continence management, however the following issues were identified:</p> <ul style="list-style-type: none"> • The continence assessment tool did make provision for recommended targets for daily fluid intake over a 24 hour period. However, these fluid targets were recorded as follows; less than 500mls, 500-1500mls, and more than 1500mls. This approach is not specific, in calculating individual targets and the current assessment tool requires review to enable specific, measurable fluid intake targets for patient needs • Care plans for patients requiring urinary catheter did not include detailed information on the type, size, schedule, and for one patient who had prostrate problems this information was not reflected in the care plan • Records examined were not reviewed and updated at monthly intervals <p>Review of four patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p>	<p>Substantially Compliant</p>

There was evidence of evaluation of nursing care taking place in relation to this aspect of care. However the following should be implemented to evidence best practice guidelines

- All records of bowel movements should be documented on each patients daily evaluation records
- All fluid intake and urinary output should be documented on each patients daily evaluation records

Issues identified in relation to assessment, care planning and evaluation of bowel and bladder functions have been incorporated into a restated requirement pertaining to care records.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL

Inspection Findings:

The inspector can confirm that the following policies and procedures were in place;

- promotion of continence
- catheterisation & catheter care
- prevention of constipation
- stoma care

The inspector can also confirm that the following guideline documents were in place:

- RCN continence care guidelines

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis and that associated policies and procedures are reviewed accordingly.

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not reviewed on this occasion</p>	<p align="center">Not reviewed on this occasion</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and review of training records, confirmed that staff were trained and assessed as competent in continence care. The inspector evidenced that the management of incontinence is included extensively during the induction period of new staff, which is good practice.</p> <p>The current competency and capability record for registered nurses does not include the management of continence, incontinence, female & male catheterisation and stoma care. This was discussed with the registered manager who advised the inspector the record would be developed to reflect this element of practice.</p> <p>Discussion with the registered manager, registered nurses and training records examined, evidenced that all registered nurses required training on female & male catheterisation and the management of stoma care. As there are currently patients in the home receiving care in this regard a requirement has been made.</p>	<p align="center">Substantially compliant</p>

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p align="center">Substantially compliant</p>
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection, staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a 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.

The inspector discussed the management of complaints with the registered manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements. However, the manager should evidence the level of satisfaction achieved as an outcome of the complaints investigation. A recommendation has been made.

11.3 Patients under Guardianship

Information regarding arrangements for any people who were subject to a Guardianship order in accordance with Articles 18-27 of the mental health (Northern Ireland) order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

During the inspection there was one patient in the home who was subject to a guardianship order. The registered manager informed the inspector that a review meeting was scheduled for this patient. During the inspection the inspector spoke to this patient. The patient indicated that they were happy with the standard of care facilities and services provided in the home. This patient did not complete a questionnaire.

11.4 Patients' and relatives comments

During the inspection the inspector spoke to 5 patients individually and to others in groups. Patients consulted expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"couldn't have any better and I have a large room which helped me settle in "

"wonderful staff and wonderful cook"

"food out of this world"

"staff are perfect"

"nurses are lovely absolutely wonderful"

"the owners visit the patients regularly and when I ask for something I have never been refused"

The inspector spoke with three relatives during the inspection and three questionnaires were completed. Those consulted spoke very positively about the management and care provided. Examples of relatives' comments were as follows:

"care is excellent, kept well informed"

"very pleased with care provided, kept informed and my visits are always unannounced and mum looks well"

"as a family we have peace of mind"

11.5 Staffing levels and Staff Comments

Duty rotas spanning a three week period were reviewed and evidenced that staffing numbers were sufficient to meet RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection. The review identified that the registered nurses skill mix was below the recommended minimum staffing guidance during 20:00 – 08:00 hours. This was discussed with the registered manager who advised two registered nurses had recently left; however, the home is actively recruiting to replace this shortfall.

No issues in relation to the provision of care were observed, nor were there any concerns raised regarding staffing by patients or staff. However, a recommendation is made that the number and ratio of staff to patients is calculated using a method that is determined by and agreed with the RQIA.

During the inspection, the inspector spoke individually with six staff; two registered nurses, two care staff, one kitchen assistant and one laundry assistant and five questionnaires were returned.

All staff consulted acknowledged the improvements in the care home since the appointment of the registered manager, Mrs Martina Mc Govern. The manager is commended on her efforts.

Staff responses from both discussion and in the returned questionnaires indicated that staff received an induction, completed a range of training commensurate with their role and responsibilities. Staff were satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. Two care staff spoken with advised they "would love to have more time to interact with the patients", however acknowledged that care staff hours exceeded the minimum guidelines.

Examples of staff comments were as follows;

"lovely homely home"

"great teamwork."

"The patients and residents are well cared for."

"great improvements, manager has great enthusiasm and on top of everything"

11.6 Care records

The inspector reviewed specific aspects of four patient/resident care records. The care records and supplementary risk assessments examined generally evidenced best practice and a good standard of record keeping. However, a number of patient care records and supplementary risk assessments examined, had not been re-assessed or updated on a monthly or more frequent

basis. However, a number of areas for improvement were identified (refer to section 10 criterion 19.1). This issue had also been identified during a previous inspection undertaken in May 2014.

The returned quality improvement plan from the last inspection indicated that records were being monitored by home management. Discussion with the registered manger and evidence of care record audits were available, however, the current arrangement is not effective. Requirements in relation to records are kept up to date and that patients care records are reviewed and updated are being re-stated for a second time.

11.7 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

During the inspection, ongoing refurbishment was evidenced. One bedroom had new flooring fitted and arrangements were in place for replacement flooring in one lounge.

However, the following issues were identified

- Shower and bathroom facilities were being used inappropriately for storage containing wheelchairs, trolleys with bed linen, commodes. A sluice was also been used inappropriately for storage, a Hoover was observed. A requirement has been made.
- Continence products were being disposed of in normal household waste. The issue of waste disposal was discussed with the registered manager and the homes waste disposal policy reflected this practice and also referred to the management of infected continence products. The registered manager was also able to provide waste disposal audit records. However, this requires monitoring.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Martina McGovern, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Sharon Loane
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Care Inspection

The Tilery

20 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Martina McGovern during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16 (2)	The registered person shall ensure that the patients' care records are reviewed and updated in order to ensure that care plans fully reflect the patients assessed needs .The care plans should be kept under review Ref: Section 10 (19.1) & Section 9	Two	Careplans have been reviewed and updated by named nurses. Careplans reflect the patients care needs and kept under review.	From inspection
2	19 (3)(a)	The registered person shall ensure that records are kept up to date. Ref: Section 10 & 11 (19.1 & 11.6)	Two	The continence assessment template has been further developed to make provision for patient who requires catheter care and stoma care.	From inspection
3	20(c)(i)	It is required that all registered nurses receive training on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved Ref: Section 10 (19.4)	One	Home manager has been sourcing training on catheterisation, care of supra-pubic catheters and management of stoma care. Dates to be confirmed by HSC Clinical education centre and Stoma care nurse for the area.	20/01/2015

4	27(1)(l)	<p>The registered person shall ensure that there is suitable storage provision for the purposes of the nursing home.</p> <ul style="list-style-type: none"> All items are removed from bathroom and sluice areas. <p>Ref: Section 11 (11.7)</p>	One	All items have been removed from bathroom and sluice areas and stored in appropriate place.	From time of inspection
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Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	It is recommended that a deputy manager/senior nurse be appointed to assist and support the registered manager in the overall operation and management of the home. Ref: Section 9.0	Two	The appointed Senior Nurse 01/09/14 has been designated management hours since 1 st January 2015.	20/01/2015
2	1.1	It is recommended that turn knobs be fitted on bedroom doors with exceptions noted in patients' care plans. Ref: Section 9.0	Two	Locking system now in use on bedroom doors.	Ongoing
3	E54	It is recommended that suitable transparent privacy screening be provided at the nurses' station. Ref: Section 9.0	Two	Transparent privacy screening at nurses station has been ordered and awaiting installation.	Ongoing
4	19.2	The registered person should ensure that all evidence based guidelines are available and that associated policies and procedures are reviewed accordingly Ref: Section 10(19.2)	One	The recommended guidelines are readily available for staff and policies and procedures reviewed.	20/01/2015

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5	17.1 17.6	<p>The registered persons should implement an effective system to seek the views of complainants' regarding their satisfaction in the complaints investigation and outcome.</p> <p>Ref: Section 11.2</p>	One	<p>The complaints system has been further developed to enable manager to seek and document the views of the complainant regarding their satisfaction with the complaint investigation and outcome.</p>	20/01/2015
6	30.2	<p>The registered person should ensure the number and ratio of staff to patients should be calculated using a method that is determined and agreed with RQIA.</p> <p>Ref : Section 11.5</p>	One	<p>A registered nurse has been appointed and commenced employment December 2014. Currently awaiting access NI clearance for second nurse to be appointed to replace shortfall.</p>	20/01/2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Martina McGovern
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Claire Stranney

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Sharon Loane	16.1.2015
Further information requested from provider			