



# Unannounced Care Inspection Report 29 November 2018



## **Bohill Bungalow**

**Type of Service: Nursing Home (NH)**

**Address: 69 Cloyfin Road, Coleraine, BT52 2NY**

**Tel No: 02870325180**

**Inspectors: James Lavery & Julie Palmer**

[www.rqia.org.uk](http://www.rqia.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 for up to 18 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Parkcare Homes No2 Ltd  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager:</b> Hazel McMullan – acting manager – no application required.
<b>Person in charge at the time of inspection:</b> Hazel McMullan	<b>Date manager registered:</b> See comment above.
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 18 comprising: 6 - NH-PH/PH(E) 12 - NH-LD/LD(E)  A maximum of 6 patients in categories NH-PH/PH(E) to be accommodated in Bungalow 1. A maximum of 12 patients in categories NH-LD/LD(E) to be accommodated in Bungalows 2 and 3 with a maximum of 6 patients accommodated in each bungalow.

### 4.0 Inspection summary

An unannounced inspection took place on 29 November 2018 from 10.20 to 17.20 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 inspection assessed progress with any areas for improvement identified during and since the last 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 monitoring the professional registration of staff, the notification of incidents, adult safeguarding, person centred care planning, risk assessments and collaboration with the multiprofessional team. Further areas of good practice were also noted in relation to communication with patients/relatives; the ethos of the home which promotes patient dignity, independence and respect; the management of complaints and governance processes which focus on quality assurance and service delivery.

Two areas for improvement under the standards were identified in relation to wound care records and the management of falls.

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. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Hazel McMullan, manager, and Roberta Wilson, regional director, 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 23 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspectors met with groups of patients across all three bungalows and four staff. No patients' relatives/representatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- minutes of staff and relatives' meetings
- five patients' care records & supplementary dietary intake charts for one patient
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager and regional director at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 May 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 12 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> Second time <b>To be completed by:</b>	The registered person shall ensure that all notifiable incidents are reported to RQIA and any relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.	<b>Met</b>

With immediate effect	<p><b>Action taken as confirmed during the inspection:</b> Review of governance records and discussion with the manager confirmed that all notifiable incidents had been reported to RQIA and relevant bodies in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that the infection, prevention and control (IPC) deficits identified during the previous care inspection had been satisfactorily addressed.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patient wardrobes are secured to the wall.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that all patient wardrobes were secured to the wall.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients' care plans and risk assessments are signed and dated by nursing staff upon completion.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of five patients' care records demonstrated that their care plans and risk assessments had been signed and dated by nursing staff upon completion.</p>	<b>Met</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 12 March 2018</p>	<p>The registered person shall ensure that all patients' care plans evidence that they have been written in collaboration with patients and/or their relative/representative.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of five patients' care records evidenced that their care plans had been written in collaboration with either the patients and/or their relative/representative.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that laundry and activities equipment is not stored within communal bathrooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment confirmed that laundry and activities equipment was not stored within communal bathrooms.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients' care plans which relate to enteral feeding accurately describe the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team (or refer to such records if available).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the care records for one patient who required ongoing enteral feeding, confirmed that all the patient's care plans which related to enteral feeding accurately described the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional team. Such multiprofessional recommendations were also available within the patient's care records for staff reference.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following with regards to staff meetings:</p> <ul style="list-style-type: none"> <li>• That minutes are maintained and made available upon appropriate request,</li> <li>• That signatories of attendance are obtained,</li> <li>• That action plans arising from such meetings are reviewed in an effective manner.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records and discussion with the manager confirmed that this area for improvement had been satisfactorily met. It was agreed with the manager that a record of staff attendances at staff meetings was sufficient and that staff signatures were not essential.</p>	

**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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. Feedback from staff indicated a high level of motivation and sense of being supported by the manager.

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.



A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with patients' relatives/representatives, as appropriate. Comprehensive and person centred care plans were in place for the management of restrictive practices. Review of the care record for one patient in particular, demonstrated an extensive amount of detail concerning the patient's mental, emotional and social needs. Discussion with the manager and one staff member further highlighted that staff use SCIP (Strategies for Crisis Intervention and Prevention) techniques when employing forms of restrictive practice, when required. Feedback from one staff member who is responsible for helping train colleagues in this approach, demonstrated a high level of competency and commitment to maintaining and promoting a person centred and human rights approach with patients at all times. Such practice is commended.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. The post falls management of patients is discussed further in section 6.5.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that several radiator covers were in need of repair. This was highlighted to the manager who confirmed that several new radiator covers had been ordered and that there was an ongoing maintenance programme to maintain these covers in working order. The manager agreed to ensure that the identified covers were appropriately repaired, as necessary. The majority of communal areas were well maintained by staff although one communal bathroom and one linen cupboard were slightly cluttered. The manager agreed to ensure that both areas would be cleared of any unnecessary items. Review of the external grounds and discussion with the manager highlighted that a portion of fencing at the rear of the property was damaged due to recent high winds. The manager confirmed that repairs were ongoing to the fence and that no patients would be at the rear of the property near the identified fencing. It was also noted that an unused boiler was situated on a pathway at the rear of the property and was a potential hazard to patients. The manager agreed to ensure that this item should be removed as soon as possible. Observations related to the external grounds were shared with the RQIA estates team following the inspection, for their information and action as necessary.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection evidenced that they adhered to safe fire practices at all times.

During a review of the environment it was noted that there were two areas in which patients could potentially have had access to harmful chemicals. This was discussed with the manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager before the conclusion of the inspection. It was further confirmed by the manager that ad hoc supervision of all staff on duty within the identified bungalow had been carried out before conclusion of the inspection in order to highlight the need for COSHH compliance. In addition, the manager agreed to include COSHH compliance on the agenda for a general staff meeting which was occurring on the day of the inspection.

Review of the environment highlighted one area in which a sharps box (containing one disposable razor) had been left unattended and one area in which two small batteries were also left unattended and potentially accessible by patients. The manager ensured that both items were immediately secured and agreed to ensure that staff within each bungalow would conduct a check of all cupboards/drawers in all communal areas to ensure that potential hazards were removed, as appropriate. The manager further confirmed that the importance of managing such hazards would be added to the agenda of the general staff meeting occurring on the day of the inspection.

Discussion with the manager highlighted that due to limited storage space within each bungalow, a large external storage container is used adjacent to one of the bungalows. It was agreed that as the container is used to store items such as enteral feeds and domestic chemicals, the container should be locked at all times when not in use so as to promote patient safety at all times.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, the notification of incidents, adult safeguarding and staff management.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

Discussion with staff and the manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. Feedback from both the manager and staff evidenced a consistent sense of team work and the need for effective and patient centred communication. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home.

Supplementary care charts, such as food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

Weaknesses were noted in relation to wound care records. Review of care records for one patient requiring ongoing wound care highlighted that related care plans were not maintained and/or reviewed in an accurate manner. It was positive to note that supplementary wound care records were completed by nursing staff although they evidenced an inconsistent approach to documenting the provision of wound care on four occasions. While discussion with nursing staff confirmed that the patient's wound was being appropriately dressed, it was noted that care records did not accurately reflect the current dressing regimen. In addition, two omissions were found within wound care records due to staff not completing the care record in an uninterrupted and continuous written manner, in keeping with best practice guidance. An area for improvement under the standards was made.

Records regarding falls management were also reviewed. The care record for one patient who was assessed as being at risk of falling confirmed that an appropriate falls risk assessment had been completed. Records also evidenced that the patient had been attended to by staff immediately following one falling episode and that neurological observations had been carried out by staff. However, review of the patient's care record for the period following a second falling episode highlighted that while staff had attended to the patient, no neurological observations were recorded. Discussion with the manager/staff also highlighted that staff do not routinely monitor patients' neurological observations for at least 24 hours following a head injury and/or unwitnessed fall. An area for improvement under the standards was identified.

Care records for one patient requiring a modified diet and for another patient requiring treatment for a Healthcare Acquired Infection, confirmed that comprehensive and person centred risk assessments were in place. It was further noted that such assessments had been used to help inform the provision of detailed and person centred care plans.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to person centred care planning, risk assessments and collaboration with the multiprofessional team.

### **Areas for improvement**

Two areas for improvement were identified in regards to wound care and falls management.

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

## 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 timely, compassionate and caring. Patients were observed interacting with staff in an enthusiastic and spontaneous manner throughout the inspection. Discussion with staff also highlighted an in-depth knowledge of patients and of their assessed care needs. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner, for example, engaging with patients using language which they found comforting and understandable.

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager as necessary.

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. Staff were observed assisting patients with mobilising in a patient and calm manner while using respectful and encouraging language.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. Discussion with the manager and deputy manager highlighted that there had been a 'Residents/Relatives' meeting within the home on 2 November 2018. The deputy manager stated that the meeting had been very well attended "by relatives and friends of Bohill Bungalows" which staff found very encouraging. The deputy manager stated that one aim of the meeting was to consider future fundraising opportunities for the benefit of patients within the home and we discussed with the manager current best practice standards with regards to the use of such funds. Both the manager and deputy manager demonstrated a good awareness of such standards and the need for accurate financial records at all times relating to patient care.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. The manager stated that written questionnaires had been sent to all patients' families during the summer months of 2018 although only a few responses had been received. However, the manager stated that both she and the wider staff group strive to work closely with patients' families/representatives at all times, such as care reviews and when relatives are visiting the home.

The provision of an annual quality report was discussed with the manager and regional director. It was noted that no such report was compiled for 2018. It was agreed that such a report should be made for 2018 and include specific feedback from patients, relatives and staff. This report was submitted to RQIA shortly following the inspection and should be made available by the manager to patients and patients' relatives/representatives.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with patients/relatives and the ethos of the home which promotes patient dignity, independence and respect.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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.

The requirement for a registered manager to be appointed and current managerial arrangements were discussed with both the manager and regional director. Advice was provided on how best to proceed with the registration application in the event of a suitable candidate being appointed. The regional director agreed to forward to RQIA following the inspection, their proposed plans for appointing a registered manager. This will be monitored by RQIA and reviewed at a future care inspection.

The manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. Discussion with the manager and review of governance records confirmed that any expression of dissatisfaction would be recorded appropriately as a complaint.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. Review of the monthly monitoring report dated 29 October 2018 confirmed that a suitable action plan was in place. However, it was highlighted that such action plans should be time bound in a manner which is unambiguous, by avoiding terms like 'ASAP', so as to ensure timely improvement within the home. While the manager demonstrated good awareness of the contents of the report, it was agreed that the manager should also sign all monthly monitoring reports upon receiving and reading them.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager confirmed that the equality data collected was managed in line with best practice guidance.

A 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 with best practice guidance in relation to: the environment; infection, prevention and control; a monthly manager's audit and night time inspections by the manager. All audits viewed had been carried out in an effective and robust manner.

It was noted that a book was available in two of the three bungalows for staff to sign upon commencing/completing their shift. However, review of these records and feedback from the manager/staff highlighted that these books were used inconsistently and without clear purpose. The manager agreed to review this practice to ensure that a consistent and meaningful approach is maintained.

A variation to the registration of the home which had been previously submitted to RQIA was also discussed with the manager and regional director. It was noted that the application was no longer required and as agreed, the manager contacted RQIA following the inspection and requested its withdrawal.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and governance processes which focus on quality assurance and service delivery.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel McMullan, manager, and Roberta Wilson, regional director, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> <li>• that care plan(s) are in place which accurately describe the assessed needs of patients</li> <li>• that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All nurses received a written supervision regarding wound care at the end of the visit. Tissue viability has been booked in for the new year to give all staff a refresher on wound care. Manager/Deputy manager will do an audit on wound care on a weekly basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure the following in relation to the management of patients following an unwitnessed fall and/or head injury:</p> <ul style="list-style-type: none"> <li>• that nursing staff carry out/record all necessary vital signs, including neurological observations of the patient immediately following the incident and for at least 24 hours following the incident</li> <li>• any deviation from the point above should be recorded with an appropriate rationale documented</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All nurses received a written supervision regarding head injury care at the end of the visit. All nurses were reminded of their duty to record and document neurological observations of a client following an unwitnessed fall and /or head injury. Manager/Deputy manager will do an audit on falls after each event.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care