

Unannounced Care Inspection Report

6 December 2017



Parkside

Type of Service: Nursing Home (NH)
Address: 4 North Circular Road, Lisburn, BT28 3AH
Tel No: 028 9267 4943
Inspector: Michael Lavelle

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 29 persons.

3.0 Service details

Organisation/Registered Provider: Amstecos Ltd Responsible Individuals: Mrs Shauna Anne Stanford Mrs Emer Bevan	Registered Manager: Mrs Paulene Rogers
Person in charge at the time of inspection: Gloria Maganay, registered nurse	Date manager registered: 23 November 2017
Categories of care: Nursing Home (NH) NH-I – Old age not falling within any other category. NH-PH – Physical disability other than sensory impairment. NH-PH(E) - Physical disability other than sensory impairment – over 65 years. NH-TI – Terminally ill	Number of registered places: 29 comprising of: 29 – NH I, NH-PH, NH-PH(E) and NH-TI In addition the home can provided day care for up to three persons.

4.0 Inspection summary

An unannounced inspection took place on 6 December 2017 from 11.40 to 21.20 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 DHSSPS Care Standards for Nursing Homes 2015.

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 training, adult safeguarding, communication, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, which was addressed during a serious concerns meeting; infection prevention and control, health and safety of patients and development of an activities programme within the home.

Patients described living in the home in positive terms. 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	6	6

The total number of areas for improvement includes one standard which has been stated for a second time and one regulation and one standard which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Paulene Rogers, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection as follows:

Concerns were raised in relation to one member of staff's personnel file. The staff member was not recruited to the home in keeping with legislation and best practice. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting in RQIA on 14 December 2017. At this meeting the registered persons acknowledged the failings and provided an action plan as to how the concerns, raised at the inspection, would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. An area for improvement is made, under the regulations, in regard to recruitment practices. Refer to section 6.4.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent inspection dated 18 May 2017

The most recent inspection of the home was an unannounced care undertaken on 18 May 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients, nine staff and four patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. 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 all staff from 27 November 2017 to 17 December 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
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts and repositioning charts
- a selection of governance audits
- patient register
- complaints record
- 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

Five of the areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met. A further two areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 18 May 2017

The most recent inspection of the home was an unannounced care inspection. Eight areas for improvement were identified.

The completed QIP was returned and approved by the care inspector. The QIP was also validated during this inspection. Refer to section 6.2.

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered provider must ensure the leads for the nurse call system in patients bedrooms are positioned so that they are accessible to the patients and do not cause a trip hazard.	Met
	Action taken as confirmed during the inspection: Review of a selection of patient's bedrooms evidenced that the leads for the nurse call system were accessible to patients and not causing a trip hazard.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered provider must reduce the risk of cross contamination by removing staff's outdoor clothing from the staff toilet.	Met
	Action taken as confirmed during the inspection: Review of the staff toilet evidenced no clothing being stored there.	
Area for improvement 3 Ref: Regulation 14 (2) (a), (b) & (c) Stated: First time	The registered provider should complete an assessment of the use of electrical appliances and multi-socket outlet adaptors/ extension cables within the facility; a risk assessment should be completed to ensure that electrical circuit overloading does not occur.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Regulation 14 (3) Stated: First time	The registered provider must ensure that patients are transferred safely in wheelchairs.	Met
	Action taken as confirmed during the inspection: Observation of patient transfer during inspection evidenced wheelchair footplates being appropriately used.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	<p>The registered provider should ensure that care records are reviewed and updated regularly and in response to any changes in patients' condition to ensure they accurately reflect the assessed needs of the patient.</p> <p>There should be evidence that the care planning process includes input from patients and/or their representatives.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of care records evidenced care records are reviewed and updated regularly and involved input from patients and/or their representatives.</p>	
Area for improvement 2 Ref: Standard 41 Stated: First time	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of the staff meeting minutes evidenced that only one staff meeting had taken place since the last inspection in May 2017. This area for improvement has not been met.</p> <p>This area for improvement is now stated for a second time.</p>	
Area for improvement 3 Ref: Standard 7 Stated: First time	<p>The registered provider should review the systems in place to improve engagement with patients.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of 'resident' meetings minutes evidenced three meetings since last inspection with requests being implemented within the care home such as twice monthly outside entertainment coming to the home.</p>	

Area for improvement 4 Ref: Standard 12 Stated: First time	The registered provider should improve the time breakfast is served to patients who remain in their bedrooms.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

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. A review of the staffing rota from 27 November 2017 to 17 December 2017 evidenced that the planned staffing levels were adhered to.

The staffing rota also evidenced that the registered manager only worked four days as a registered manager during the three week period reviewed and the remainder of her hours were worked as a registered nurse in charge of the shift. The registered manager confirmed that this was due to ongoing difficulties in recruiting registered nurses and that some vacancies had remained 'unfilled' since June 2017. Concerns regarding the registered manager's hours were discussed in detail, with the registered manager, during feedback given the findings in relation to the governance arrangements. Refer to section 6.7 of this report.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. One member of staff discussed the need for a permanent nurse on night duty.

Staff recruitment and selection information was available for inspection. Review of two recruitment files evidenced that records were not maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. For example, there was no evidence of interview, proof of the person's identity, no recent photo, no reference from the most recent employer and no confirmation of an Access NI check having been undertaken or reviewed. This was discussed with the registered manager who agreed that the employee would not work in the home until all appropriate recruitment processes, which included Access NI vetting, were completed.

Given the identified concern and the potential risks to patients, the registered persons were invited to attend a serious concerns meeting at RQIA as part of our enforcement procedures. At this meeting on 14 December 2017 the registered person provided RQIA with an action plan and assurances that the required actions had been taken to ensure compliance in relation to recruitment of staff. These included; enhanced monitoring and governance systems to assure that staff are recruited in accordance with legalisation. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. An area for improvement is made, under the regulations, in regard to recruitment practices and a further inspection will be undertaken to ensure that improvements in the recruitment processes are sustained.

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. Staff spoken with commented how they enjoyed supporting new staff during the induction process.

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 and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

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. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

Review of management 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. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were not appropriately managed. Only two notifications had been received by RQIA under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Review of 26 accident records evidenced that at least seven of these required to be notified to RQIA. Details were discussed with the registered manager and advice given regarding the requirement to notify RQIA in accordance with Regulation 30 and reference was made to the guidance for registered persons on notifiable events available on our web site. The registered manager has been asked to submit the relevant notifications retrospectively. An area for improvement under the regulations was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and their representatives spoken with were complimentary in respect of the home's environment.

During the review of the general environment it was observed that a number of patients had airflow mattresses on their beds, to prevent skin breakdown. However, all of the mattresses checked were not set correctly for the weight of the patient. A discussion with staff demonstrated that they did not know how to use the equipment and that there was no system in place to monitor the use of the mattresses. This was discussed with the registered manager and because of the potential impact on patient health and well-being. An area for improvement under the regulations was made.

Staff assisting patients to the toilet during mealtimes availed of hand gels to decontaminate their hands in between interactions with patients. They also changed their personal protective equipment (PPE).

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- A toilet on the second floor was noted to have inappropriate storage. For example, wheelchairs and walking frames.
- The linen cupboard and clinical room on the first floor noted to have inappropriate storage. For example, a box assorted socks/tights and used toiletries.
- A sharps box in the clinical room on the first floor was not assembled correctly and did not have the aperture closed.
- Staff were observed removing patient clothing protectors, folding them and storing them for re-use later in the day. This is discussed further in section 6.6.
- Catering staff were observed wearing gloves but not aprons while serving meals in the dining room. This is discussed further in section 6.6.
- A review of laundry and cleaning records evidenced deficits in record keeping and the lack of a robust system to ensure cleaning of the home and equipment was being completed. For example, there was no evidence of regular cleaning of wheelchairs, hoist slings, hoists, bedside tables and chairs.

Details were discussed with the registered manager and an area for improvement under the regulations was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the registered manager evidenced that fire points were checked throughout the home every Friday and that a fire drill took place every three months.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and adult safeguarding.

Areas for improvement

Areas identified for improvement under the regulations were in relation to staffing, staff recruitment, proper maintenance and use of equipment and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	4	0

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.

Care records mostly 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.

Review of care records however, evidenced that on two occasions where the patient had sustained a head injury neurological observations were not monitored appropriately. There was also evidence that post fall risk assessments were not completed. Care records evidenced that the next of kin was notified on only one occasion. This was discussed with the registered manager who was unaware that all unwitnessed falls should be managed as a potential head injury in accordance with best practice guidance. This was identified as an area for improvement under the regulations.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, a review of two patient's supplementary care charts for repositioning from 3 December 2017 until 6 December 2017 evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. For example, one patient's care plan stated that the patient was to be repositioned every 3-4 hours; however the care charts evidenced that the patient was not repositioned for periods up to and including six hours. On one occasion the record evidenced that the patient was not repositioned for 16 hours. Deficits were also noted in meal charts and fluid balance charts in relation to recording of dates. Details were discussed with the registered manager who stated that the patients would have been repositioned and felt that it was not documented by staff. This was discussed with the manager and an area for improvement under the care standards was made.

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.

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. Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN.

Review of the staff meeting minutes evidenced that only one staff meeting had taken place since the last inspection in May 2017. This was identified as an area for improvement during the last inspection requiring staff meetings to be at least quarterly. This area for improvement under the care standards is now stated for a second time. This is discussed further in section 6.7.

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.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. A registered nurse was observed discussing a patient's care with a GP. The nurse exhibited an excellent knowledge of the patient and communication with the GP was of a very high standard.

Discussion with the registered manager and review of records evidenced that patient and relatives meetings were held on a regular basis. Minutes were available from meetings held in June, July and November this year, with the July's meeting being attended by the director of company that operates the home. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under the regulations in relation to post falls management.

An area for improvement was identified under the care standards in relation to maintenance of supplementary care records.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients 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 and patient representatives consulted with, confirmed that they were able to maintain contact with their families and friends and that staff supported patients to maintain friendships and socialise within the home. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed there was a personal activities leader (PAL) responsible for the provision of activities in the home. A review of the duty rota did not provide clarity that the staff member was employed in a PAL capacity. Notice boards within the home evidenced some planned seasonal activities including a planned visit from the deputy mayor and a Christmas party. The activities board had photos displayed but no activities planner. Further discussion with the registered manager evidenced the lack of an organised activities programme for patients within the home. This was identified as an area for improvement under the care standards.

The serving of the midday meal was observed. The dining room was bright and attractively decorated with seasonal decorations and a Christmas tree. Tables were attractively set with cutlery and napkins and a range of condiments and drinks were readily available. The menu was hand written on a whiteboard and had a number of choices and included a selection of two main courses and two desserts. However, the menu did not reflect the planned meal as identified in the weekly menu planner. This was discussed with the cook who stated that patients did not like the planned meal and it had been substituted with a different choice. However, no record of patients likes and dislikes were retained and there was no evidence that patients had been consulted prior to the menu change. The registered manager must ensure that the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed and updated if it is no longer reflective of the meals provided. This was identified as an area for improvement under the care standards.

The meals were nicely presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. As referenced in section 6.4 one senior care assistant was observed removing patient clothing protectors, folding them and storing them for re-use later in the day. This has been identified as an area for improvement under the regulations due to the potential risk of cross contamination from patient to patient. Food was covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by most staff involved with the serving or assisting patients with the meal. As referenced in section 6.4 catering staff were observed assisting with the meals wearing gloves but not aprons. This was discussed with the registered manager and identified as an area for improvement under the regulations.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Nine staff members were consulted to determine their views on the quality of care within Parkside. A poster was given to the registered manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in this report.

Some staff comments to the inspector were as follows:

“Everyone works well together.”

“The patients are well cared for.”

Six patients consulted were very complimentary and some commented as follows:

“I have everything I need.”

“I think the staff are brilliant and terrific in here.”

“I have never had to make a complaint but if I did I have the confidence it would be dealt with.”

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the timeframe for inclusion in this report.

Four patient representatives were consulted during the inspection. Ten patient representative questionnaires were left in the home for completion. Three were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

“This is the home I want to go to.”

“The staff are good, caring and treat everyone as an individual. I have absolute total confidence in the staff and they are very kind.”

“The staff are very friendly.”

“I feel my relative is treated with respect.”

“Care of my relative is good and the family are actively involved in their care.”

“Our wishes are respected.”

Any comments from patients, patient representatives and staff in returned questionnaires or online surveys, received after the return date will be 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 dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

Areas identified for improvement under the care standards were in relation to development of an activities programme within the home and review of the rotational menu reflecting patient's views.

	Regulations	Standards
Total number of areas for improvement	0	2

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 registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and the majority of their responsibilities.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. However, as stated in section 6.4, the majority of the hours were worked as a registered nurse and not as the registered manager. Monthly audits were reviewed and shortfalls were identified. For example, a selection of audits was completed for September but not for October and November. Review of the accidents/incidents audits completed from June 2017 to October 2017 evidenced a number of omissions to submit notifications, in accordance with The Nursing Homes Regulations (Northern Ireland) 2005. In addition, as previously stated in section 6.5, staff meetings had not been held in accordance with the DHSSPS Care Standards for Nursing Homes 2015, since May 2017 resulting in this area for improvement being stated for a second time. It is recommended that the registered provider review the provision of management hours allocated to the registered manager. Sufficient management time must be allocated to ensure that governance arrangements are adhered to. An area for improvement was made under the care standards.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was displayed and noted to have expired in June 2017. This was brought to the attention of the registered manager who replaced it with a current certificate.

Discussion with the registered manager and review of records evidenced that the home was operating within its registered categories of care.

Staff confirmed that they had access to the home's policies and procedures. 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 DHSSPS Care Standards for Nursing Homes 2015.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Staff were also knowledgeable of the complaints process.

Discussion with 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 with best practice guidance in relation to care records, infection prevention and control, environment and complaints. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

Review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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 of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified under the care standards in relation to the provision of management hours.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paulene Rogers, 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.

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 14 (2) (a), (b) & (c)</p> <p>Stated: First time</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and is carried forward to the next care inspection.</p> <p>The registered provider should complete an assessment of the use of electrical appliances and multi-socket outlet adaptors/ extension cables within the facility; a risk assessment should be completed to ensure that electrical circuit overloading does not occur.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the evidence of this is present in staff recruitment files.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Risk assessment completed with qualified electrician, multi-socket adaptors/extension cable removed in identified rooms. Additional electrical sockets installed by the electrician. Weekly audit now carried out.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay the occurrence of any notifiable incident. The registered manager should refer to the provider guidance on the RQIA website.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All notifiable incidents are now completed and referred to the RQIA as required by guidance on the RQIA website without delay</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All settings of pressure mattresses are now adjusted and recorded in care plans, monitored and re-adjusted as and when required</p>

With immediate effect	
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<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • inappropriate storage in the home • assembly and closure of sharps boxes • laundering of patient clothing protectors • catering staff wearing appropriate PPE during mealtimes • developing a robust system to ensure that cleaning of the home and equipment is being completed <p>Ref: Section 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: All inappropriate items have been removed from bathroom. All nurses have received supervision regarding closure of sharps boxes All staff received supervision regarding the laundering of patient clothing protectors and the importance of minimising risk of infection Catering staff reminded to wear appropriated PPE during mealtimes, ongoing mointoring in place. Audits have been implemented with regards to the cleaning of the home and equipment</p> <p>Response by registered person detailing the actions taken: Post fall tracking audit now completed after any patient has a fall. CNS observations carried out if suspected head injury, GP, NOK, RQIA and Care Management informed Risk assessments updated Care plans reviewed if any changes with condtion Use of safety crosses introduced Communicated to staff when any changes occur Mulit-disciplinary teams informed</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 9 February 2018</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Response by registered person detailing the actions taken: Staff meetings to take place 3 monthly. Staff meeting was conducted on the 09/01/2018</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and is carried forward to the next care inspection.</p> <p>The registered provider should improve the time breakfast is served to patients who remain in their bedrooms.</p> <p>Response by registered person detailing the actions taken: Breakfast will be served to patients in their rooms at whatever time the patient chooses to have it, this will be recorded in their care plans and all staff/kitchen staff informed accordingly</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary care records; for example repositioning records and fluid balance charts, reflect the delivery of prescribed care accurately.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Supplementary records have now been reviewed and reflect the delivery of prescribed care accurately Senior carer on duty and Nurse in charge will monitor this at the end of each shift</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall develop a programme of activities that reflects the preferences and choices of the residents. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Programme of activities has now been developed and displayed on the activity board. A record has been developed of patients who participate in activities</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed, updated and records retained reflecting patient's views. The menu should also be displayed in a suitable format.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Rotational menu is in the process of being reviewed and updated Now displayed in suitable format Any changes to menu are recorded along with an explanation as to why the changes have been made.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure the hours worked by the registered manager are reviewed to ensure the governance arrangements for the nursing home and legislative requirements are met.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The registered persons have an arrangement with the registered manager that sufficient hours are allowed for governance, auditing and supervision. The manager will illustrate the hours worked in this capacity on the duty rota.</p>

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



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