



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 October 2018



Fruithill Nursing Home

Type of Service: Nursing Home

Address: 20 Fruithill Park, Andersonstown, Belfast BT11 8GD

Tel No: 028 9061 7717

Inspector: James Lavery

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 35 persons.

3.0 Service details

Organisation/Registered Provider: Brooklawn Limited Responsible Individuals: William Trevor Gage	Registered manager: Veronica Sousa
Person in charge at the time of inspection: Veronica Sousa	Date manager registered: 24 January 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 35 There shall be a maximum of two patients accommodated in category NH-LD. The home is approved to provide care on a day basis only to 2 persons.

4.0 Inspection summary

An unannounced inspection took place on 9 October 2018 from 09.30 to 17.00 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 adult safeguarding, staff training and the statutory notification of incidents to RQIA. Further areas of good practice were noted in regards to collaboration with the multiprofessional team, managing the spiritual needs of patients, staff recruitment and staff meetings.

Three areas for improvement under regulation were identified in regards to risk management, monthly monitoring visits and operating within the home's registered categories of care. Four areas under regulation were stated for a second time in relation to wound care, the repositioning of patients, the management of complaints and internal audits.

Two areas for improvement under the standards were identified in relation to the internal environment and the management of restrictive practices. Three further areas for improvement under the standards were stated for a second time in regards to the internal environment, staff management and communication with patients' relatives/representatives.

The majority of patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. Patients' and patients' relative's comments concerning nursing care or service delivery which were expressed during and after the inspection are referenced throughout this report.

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	*7	*5

*The total number of areas for improvement includes four regulations and three standards which have each been stated for a second time.

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 26 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 26 April 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 includes information in respect of any serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their findings are included within this report.

During the inspection the inspector and lay assessor met with 11 patients, three patients' relatives and four staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly. A poster informing visitors to the home that an inspection was being conducted was also displayed.

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the home to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed within the nursing home.

The following records were examined/discussed during and/or following 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 2018/19
- incident and accident records
- one staff recruitment and induction file
- four patients' care records;
- one patient's supplementary repositioning care records
- governance records for staff supervision and appraisal
- a selection of governance audits including those relating to the management of restrictive practices, care records and wound care
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- 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

The findings of the inspection were provided to the registered manager 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 26 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 April 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
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that that the registered manager works sufficient hours in a management capacity to ensure that the governance systems within the home are sufficiently and consistently robust.	Met
	Action taken as confirmed during the inspection: Review of the staff roster for the period 10 September 2018 to 14 October 2018 and discussion with the registered manager evidenced that the majority of the registered manager's working week was spent in a managerial capacity. Feedback from the registered manager confirmed that this provided the registered manager with sufficient time to manage existing governance systems/processes within the home.	
Area for improvement 2 Ref: Regulation 27 (4) (b) (c) (d) Stated: First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that fire doors were locked as appropriate. Observation of staff practices confirmed that best practice guidance in relation to fire safety was embedded into practice. It was noted that one wardrobe had been placed by maintenance staff at the top of a stairwell. While this did not obstruct the designated escape route, the need to ensure that stairwells are not used for inappropriate storage was stressed to the registered manager. This will be reviewed during a future care inspection. The wardrobe was removed before conclusion of the inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment confirmed that this area for improvement was satisfactorily addressed. Observations in relation to other infection control practices are discussed in section 6.4.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that chemicals are stored in keeping with COSHH regulations.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that chemicals had been stored in keeping with COSHH regulations with the exception of one area. This was discussed with the registered manager who agreed to ensure that COSHH regulations would be reviewed with domestic staff during their formal supervision, which would be scheduled as soon as possible. It was further agreed that adherence to COSHH regulations should also be reviewed during monthly monitoring visits by the responsible individual. These additional measures to promote compliance with COSHH regulations will be reviewed during a future care inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all patients' care plans are reviewed and updated in a timely and comprehensive manner.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for four patients confirmed that care plans had been reviewed in a timely manner. However, review of care plans for one patient requiring ongoing wound care did not evidence that such reviews had been carried out comprehensively or effectively.</p>		

	This area for improvement has been partially met and has been subsumed into an area for improvement relating to wound care which has been stated for a second time.	
Area for improvement 6 Ref: Regulation 13 (1) (a)(b) Stated: First time	<p>The registered person shall ensure the following in relation to the provision of catheter care for patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which prescribe the required catheter care and refer, if appropriate, to any relevant multiprofessional recommendations which should also be available within the patient's care record, • that nursing staff shall record and meaningfully evaluate the patient's fluid intake/output on a daily basis in compliance with legislative and best practice standards. 	Met
	<p>Action taken as confirmed during the inspection: Review of the care records for one patient requiring ongoing catheter care evidenced that this area for improvement was satisfactorily addressed.</p>	
Area for improvement 7 Ref: Regulation 13 (1) (a)(b) Stated: First time	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to wound care • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards 	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of electronic care records for one patient requiring ongoing wound care highlighted that a wound care plan and associated supplementary wound care records inconsistently referred to the prescribed dressing regimen. There was also no distinct care plan for another wound and no scheduled review date for nursing staff to review the wound. In addition, care records relating to wound care delivery for two wounds evidenced that some supplementary care records were absent and that nursing staff compliance with the required dressing regimen was inconsistent. While observation of the patient with the registered manager in addition to discussion with nursing staff provided assurance that the patient's wounds were being attended to, there was inadequate evidence to confirm that the patient's wound care was being managed in a consistent manner. Consequently, the registered manager was asked to audit all wound care throughout the home and confirm that nursing staff were delivering wound care to patients, as required, in keeping with any prescribed regimen, and that all relevant wound care documentation was in place. The registered manager provided this information to RQIA following the inspection and it was found to be satisfactory. In addition, the registered manager was also requested to confirm with RQIA that a governance system would be put in place which would ensure that nursing staff consistently record review dates for wounds. Such feedback was submitted by the registered manager to RQIA following the inspection and found to be satisfactory.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
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<p>Area for improvement 8</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to pressure area care • that the use of any pressure relieving equipment is clearly outlined within such care plans and, where appropriate, the required settings of such equipment is provided and kept under review 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the care records for one patient requiring ongoing pressure area care evidenced that the use of pressure relieving equipment was clearly outlined and, where appropriate, the required settings of the equipment was provided and kept under review. However, while there was regular reference by nursing staff to the repositioning of the patient within daily nursing notes, some entries were inconsistent with supplementary repositioning records. It was also noted that there was no specific care plan for the delivery of repositioning care to the patient. Review of supplementary repositioning records also highlighted inconsistent adherence by staff to the repositioning schedule.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p>Area for improvement 9</p> <p>Ref: Regulation 24</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislative and best practice standards.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the home's complaints records and discussion with the registered manager confirmed that all expressions of dissatisfaction are recorded as complaints. However, it was noted that there was no auditing of such complaints in a manner which would help to inform ongoing improvement of service delivery and/or assist with learning for staff, in accordance with best practice standards.</p>		

	This area for improvement has been partially met and is stated for a second time.	
Area for improvement 10 Ref: Regulation 13 (1) (a)(b) Stated: First time	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits, care record audits and wound care audits.</p> <p>Action taken as confirmed during the inspection: Review of governance records and discussion with the registered manager confirmed that a system of audits had been implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. For instance, the registered manager confirmed that a minimum of two patients' care records are audited on a monthly basis and that wound care delivery is audited on a monthly basis. However, review of the wound care audit highlighted inaccuracies relating to one patient. Review of the restrictive practice audit also highlighted that while the use of bedrails was considered, the use of lap belts was not. Consequently, both of these audits were considered to be limited and requiring improvement. The care record audits which were examined were found to be satisfactory.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 40 Stated: First time	The registered persons shall ensure that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.	Not met

	<p>Action taken as confirmed during the inspection: Discussion with staff highlighted that there was an inconsistent understanding of the purpose of formal supervision and when it had been conducted. While the registered manager confirmed that the majority of staff had undergone formal supervision within expected timescales, it was noted that the electronic system currently used by the registered manager to schedule staff supervisions, was unable to provide sufficient evidence to confirm this. The registered manager stated that the electronic system would alert her on a monthly basis to those staff requiring formal supervision but did not provide an overall matrix which could be referred to and/or audited to ensure ongoing compliance with the expected timescale for formal supervision of staff. The inspector was therefore not sufficiently assured that this area for improvement had been met.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
<p>Area for improvement 2 Ref: Standard 44 Stated: First time</p>	<p>The registered person shall ensure that the communal room identified during this inspection is safe, well maintained and remains suitable for the assessed needs of patients at all times. This also includes the provision of appropriate signage for that room.</p> <p>Action taken as confirmed during the inspection: Review of the identified room highlighted that while signage indicated that it was a “Quiet room” for resident/relative use, it was being used to store unused patient equipment which the registered manager stated was awaiting collection by appropriate health and social care trusts. Other equipment, such as a weights chair and shower chair were also being stored there. Discussion with both the registered manager and the proprietor during the inspection highlighted that the intended purpose of the room was to change, subject to a pending variation application to RQIA being received and approved. At the time of writing this report, no such variation application has been received by RQIA.</p>	<p>Not met</p>

	This area for improvement has not been met and is stated for a second time.	
Area for improvement 3 Ref: Standard 39 Stated: First time	The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.	Met
	Action taken as confirmed during the inspection: Review of staff training records and discussion with both the registered manager and staff confirmed that appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.	
Area for improvement 4 Ref: Standard 7 Stated: First time	The registered person shall ensure that the relatives' notice board contains only accurate information which promotes and supports effective participation and engagement with patient's relatives/representatives.	Partially met
	Action taken as confirmed during the inspection: Review of the internal environment highlighted that while some internal display boards were in the process of being updated by staff, some notices on relatives' notice boards remained significantly out of date and were inaccurate. This area for improvement has been partially met and is stated for a second time.	

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 a regular review to ensure that the assessed needs of patients were met. The registered manager also stated that following a recent review of the dependency needs of patients within the home, an additional carer was now rostered on a daily basis from 09.00 to 14.00 hours.

Discussion with the registered manager further confirmed that contingency measures were in place to help manage short notice sick leave when necessary. The registered manager advised that from 26 September 2018 to 7 October 2018, there had been eight occasions whenever planned staffing levels were not fully adhered to due to either short notice sickness or staff leave. In addition, some staff members who were spoken with expressed concerns in regards to staffing within the home with one staff member commenting, "Short staffing is a problem." Feedback received from patients during the inspection also included the following response, "The staff are very busy. They don't have a lot of time to do the things they would want to do." Following the inspection, one completed patient's relative questionnaire which was received included the following comment, "...there is not enough staff." These responses were shared with the registered manager both during and following the inspection for further consideration and action, as appropriate. The need to ensure that staffing levels are maintained and regularly reviewed so as to ensure that the health and welfare needs of patients are satisfactorily met was emphasised. Care delivery was not observed to have been negatively impacted by the number and skill mix of staff on duty during the inspection.

Discussion with the registered 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.

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.

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

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered 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 registered 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. One storage area was observed to be cluttered and untidy. This was brought to the attention of both the registered manager and proprietor who ensured that the area was satisfactorily tidied before conclusion of the inspection. The need to ensure that all storage areas are effectively maintained was stressed. While the majority of communal bathrooms were well maintained, one communal bathroom was significantly cluttered which had the potential to limit the effective use of that area by staff and/or patients. An area for improvement under the standards was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the underside of three paper towel dispensers and one wall mounted soap dispenser had been ineffectively cleaned. These deficits were brought to the attention of the registered manager who agreed to ensure that domestic staff ensured that such areas were regularly inspected and cleaned, as necessary.

During a review of the environment, it was noted that access to the laundry area was unlocked and the area left unsupervised by staff. Due to the presence of some electrical equipment located within the laundry which was a potential source of harm, this created a foreseeable risk to patients which was not effectively managed. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, staff training and the statutory notification of incidents to RQIA.

Areas for improvement

One area for improvement under regulation was made in regards to risk management, specifically supervision of the laundry area.

One area for improvement under the standards was made in regards to inappropriate storage within a communal bathroom.

	Regulations	Standards
Total number of areas for improvement	1	1

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 registered manager evidenced that nursing 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.

Staff who were spoken with stated 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 the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), 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. Such risk assessments and care plans for one patient who had a known history of being at risk of developing a Healthcare Acquired Infection (HCAI) had been written and kept under review by nursing staff in a timely and comprehensive manner.

The provision and management of restrictive practices was reviewed. Care records for one patient who required the periodic use of a wheelchair lap belt confirmed that a relevant care plan was in place. The care plan had been written in a person centred and comprehensive manner. This practice is commended. However, while an associated consent form was in place in relation to this intervention, the form was unsigned by either the patient, family, G.P. or nursing staff. The need to ensure that appropriate consent is sought and obtained whenever restrictive practices are employed was highlighted. In the event of staff being unable to obtain relevant consent, there should be evidence of a best interest decision process in which the restrictive action being employed is shown to be necessary and proportionate. While the relevant care plan did detail the time restrictions for the use of a lap belt, observation of the patient during the inspection highlighted that this aspect of prescribed care had not been adhered to. Subsequent review of the care record did not provide any explanation for this. An area for improvement under the standards was made. Further discussion with nursing staff provided assurance that the patient's lap belt was subsequently removed and the patient assisted into suitable and comfortable seating.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team and the management of HCAIs.

Areas for improvement

One area for improvement under the standards was highlighted in relation to the management of restrictive practices.

	Regulations	Standards
Total number of areas for improvement	0	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.

Staff interactions with patients were observed to be compassionate and caring. The majority of patients were positive in their comments regarding staff ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “They (staff) do what they can. I don’t give them any trouble. I can do most things myself.”
- “They do take good care of you.”
- “No complaints about this place.”
- “I think I’m reasonably well looked after.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 20 questionnaires for patients and/or 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, two completed patient’s relatives questionnaires have been returned following the inspection within the specified timescale for inclusion in this report. One respondent indicated that they were “very satisfied” with all aspects of care delivery. The second respondent indicated that while they were “very satisfied” with the provision of compassionate care by staff, there were “very unsatisfied” when asked if they considered care delivery to be safe, effective or well led. All questionnaire comments were shared with the registered manager following the inspection for ongoing consideration and action, as appropriate. Questionnaire comments received after specified timescales will be shared with the registered 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.

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 patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment and staff engaged compassionately with patients throughout their meal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to managing the spiritual needs of patients and adhering to the assessed dietary needs of patients.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the registered 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 registered 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. However, discussion with the registered manager and staff evidenced that the home was not operating within its registered categories of care, specifically in relation to the assessed care needs of one identified patient. Consequently, the registered manager and responsible individual were requested to review the situation as a matter of urgency with both the commissioning health and social care trust and the patient's next of kin. Further feedback was submitted by the registered manager to RQIA following the inspection in relation to this matter and will be kept under review by RQIA until the situation is satisfactorily resolved. The need to ensure that the home operates within its registered categories of care at all times was stressed to both the registered manager and responsible individual.

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. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint. Shortfalls with regards to the management of complaints is discussed further in section 6.2.

Discussion with the registered 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 on a monthly basis 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. However, review of the 22 August 2018 report highlighted that it did not evidence any progress/actions taken in relation to the QIP arising from the previous care inspection. Discussion with the registered manager and further review of the report also confirmed that the responsible individual had not carried out any robust audit of care records during the visit on 22 August 2018, as was agreed with RQIA during the previous care inspection. It was noted that a sample of care record audits carried out by the registered manager had been completed in a robust manner. An area for improvement under regulation was made.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and staff meetings.

Areas for improvement

Two areas for improvement under regulation were identified in relation to the home operating within its registered categories of care and monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	2	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 Veronica Sousa, 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 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to wound care, • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: All care plans related to wound care have been accurately updated according to residents needs. Nursing staff was reminded via a Memo to create a new wound treatment assessment at every wound assessment, to review wound care plan as often as required and to create a separate wound report and care plan for every new wound.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of pressure area care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which accurately describe the assessed needs of patients with regards to pressure area care, • that the use of any pressure relieving equipment is clearly outlined within such care plans and, where appropriate, the required settings of such equipment is provided and kept under review. <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Nursing staff has been advised via a memo to state on care plans frequency of repositioning regime, make and model of any pressure relieving equipment required and to ensure that it is appropriate to residents needs.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 24</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislative and best practice standards.</p> <p>Ref: 6.2 & 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: An audit tool has been developed to monitor any expressions of dissatisfaction.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, restrictive practice audits and wound care audits.</p> <p>Ref: 6.2 & 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Care Plan Audits are being completed on regularly basis to patients care records, with special attention to wound care and restrictive practice. Wound care and restrictive practice audit tools have both been reviewed.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the laundry area.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Laundry staff has been advised to close laundry door when laundry is left unattended and to switch off any equipment that may constitute an hazzard to patients</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of care record audits and a review of ongoing actions to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p> <p>Ref: 6.7</p>
<p>Response by registered person detailing the actions taken: Monthly quality monitoring visits are being completed in accordance with Regulation 29, including care record audits and review of ongoing actions</p>	<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.2</p>
<p>Response by registered person detailing the actions taken: A formal supervision matrix has been developed to ensure formal supervisions are carried out at least six monthly to staff who performing satisfactorily.</p>	<p>Area for improvement 2</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 10 May 2018</p>
<p>Response by registered person detailing the actions taken: Equipment stored in communal room has recently been collected and application for variation has been submitted.</p>	<p>The registered person shall ensure that the communal room identified during this inspection is safe, well maintained and remains suitable for the assessed needs of patients at all times. This also includes the provision of appropriate signage for that room.</p> <p>Ref: 6.2</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered person shall ensure that the relatives' notice board contains only accurate information which promotes and supports effective participation and engagement with patient's relatives/representatives.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Relatives notice board has been reviewed and updated as appropriate.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all communal bathrooms within the home are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Unnecessary equipment has been removed from bathroom.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of restrictive practices, specifically the use of lap belts:</p> <ul style="list-style-type: none"> • a record of written consent from the patient will be obtained, where possible, in relation to the restrictive practice being employed. In the event of such consent being unavailable then a record of a best interest decision meeting/discussion should be maintained which evidences that the restrictive practice being implemented is necessary and proportionate • staff shall adhere to the prescribed care as detailed within the relevant care plan and record any deviation from such care including documenting the reasons for this occurring, • staff will document any observational checks of the patient while the restrictive intervention is being employed. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Restraint audit tool has been reviewed and nursing staff advised of above.</p>

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