# Unannounced Care Inspection Report
# 28 June 2016

# Glenmachan Tower House

**Type of Service: Nursing Home**
**Address: 13 Glenmachan Road, Belfast, BT4 2NN**
**Tel No: 028 9076 3441**
**Inspector: Dermot Walsh**

## 1.0 Summary

An unannounced inspection of Glenmachan Tower House took place on 28 June 2016 from 09.30 to 17.45.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

**Is care safe?**

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control (IPC) and in the timely completion of mandatory training. One requirement and one recommendation has been made to secure compliance and drive improvement. One recommendation in relation to a system to ensure best practice compliance with infection prevention and control has been stated for a second time.

**Is care effective?**

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to health professionals. Communications between health professionals were recorded within the patients' care records. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One requirement and three recommendations have been made within this domain in relation to maintaining repositioning charts; dating and signing entries made to patient care records and evidencing patient/representative involvement in the care assessment/planning process. One recommendation made in the previous inspection regarding the provision of staff meetings has been stated for the second time.

**Is care compassionate?**

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The activities provision was reviewed and observed to be commendable.

**Is the service well led?**

Monthly monitoring visits were conducted consistently and corresponding reports were present and available for review. A notice was displayed informing patients/relatives of the availability of these reports. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Appropriate certificates of registration and public liability insurance were on display. Two recommendations were made to drive improvement in this domain. Two recommendations made in the previous inspection, as discussed above, will be stated for a second time.

Improvements are required in the management of safety alerts and reviewing the quality of nursing and other services provided by the home.

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.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 2 | 9* |

*The total number of recommendations made includes two recommendations that have been stated for the second time and one recommendation carried forward from the previous inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with the nurse in charge, Sister Noeline McConvey, 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.

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 2 December 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

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| **Registered organisation/registered provider:**<br>Church of God – Glenmachan<br>Albert Stephens | **Registered manager:**<br>Helen Murphy |
| **Person in charge of the home at the time of inspection:**<br>Sister Noeline McConvey | **Date manager registered:**<br>1 April 2005 |
| **Categories of care:**<br>NH-I, NH-PH, NH-PH(E), NH-TI | **Number of registered places:**<br>39 |

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with; seven patients individually and others in small groups, two patient representatives, three care staff, two registered nurses, and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota from 20 June to 3 July 2016.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 December 2015

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.

## 4.2 Review of requirements and recommendations from the last care inspection dated 2 December 2015

| Last care inspection statutory requirements | | Validation of compliance |
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| **Requirement 1**<br><br>**Ref:** Regulation 21 (1) (c)<br><br>**Stated:** Second time | The registered persons must ensure that all staff members who work at the nursing home have two written references relating to the person, including a reference from the person's present or most recent employer. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Two recruitment files reviewed included appropriate references received. | |
| **Requirement 2**<br><br>**Ref:** Regulation 19 (1) (a) Schedule 3 (3) (K)<br><br>**Stated:** First time | The registered person must ensure that record keeping is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance including:<br><br>• the dimensions of a wound should be recorded as per NICE guidelines on the wound observation chart each time the wound is dressed;<br>• regular photographic evidence of the wound should be present in the patient's care records. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>There were no patients in the home with a wound. However, following a discussion with the nurse in charge and a review of wound documentation templates, it was evident that systems and processes were in place to meet this requirement. | |
| **Requirement 3**<br><br>**Ref:** Regulation 15 (2) (a) (b)<br><br>**Stated:** First time | The registered person must ensure that patient' care needs assessments are reviewed and updated appropriately. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Patient care needs assessments were updated appropriately in three care records reviewed. | |

| Last care inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref:** Standard 39.9<br><br>**Stated:** Second time | It is recommended that the registered manager should ensure that competency assessments are maintained regarding urinary catheterisation, to ensure that the knowledge, skills and competence of registered nurses is up to date. | **Carried forward to next inspection** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the nurse in charge evidenced that training had been scheduled and staff nominated to attend training on urinary catheterisation.<br>However, due to unexpected staff deficits, staff were unable to attend this training session.<br><br>This recommendation will be carried forward and reviewed on the next inspection. | |
| **Recommendation 2**<br><br>**Ref:** Standard 46 Criteria (1) (2)<br><br>**Stated:** First time | It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.<br><br>Particular attention should focus on the areas identified on inspection. | **Not Met** |
| | **Action taken as confirmed during the inspection**:<br>During a review of the environment, it was observed that compliance with best practice in infection prevention and control had not been achieved. Please see section 4.3 for further clarification.<br><br>This recommendation has not been met and will be stated for the second time | |
| **Recommendation 3**<br><br>**Ref:** Standard 44.13 (E21 + N26)<br><br>**Stated:** First time | The registered person should ensure that all wardrobes are to be secured to the walls unless deemed unnecessary by way of individual risk assessment. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Wardrobes had been secured to walls in seven bedrooms reviewed. | |

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| **Recommendation 4**<br><br>**Ref:** Standard 41<br><br>**Stated:** First time | It is recommended that staffing levels are reviewed to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with staff confirmed that current staffing levels are meeting patient dependency levels. | |
| **Recommendation 5**<br><br>**Ref:** Standard 41.7<br><br>**Stated:** First time | Duty rotas should identify the name of the nurse in charge of the home.<br><br>The registered manager or designated representative should also sign the duty rota. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>The duty rotas from 20 June to 3 July 2016 identified the nurse in charge and was verified by the registered manager by way of signature. | |
| **Recommendation 6**<br><br>**Ref:** Standard 41.8<br><br>**Stated:** First time | The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:<br><br>• The date of all meetings<br>• The names of those attending<br>• Minutes of discussions<br>• Any actions agreed<br>• Timeframe for actions to be achieved | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of records pertaining to staff meetings evidenced from December 2015, one staff meeting had occurred on 24 March 2016. There were no minutes of the meeting available for review on the day of inspection. Minutes of the meeting were made available to RQIA following the inspection.<br><br>This recommendation will be stated for the second time | |

## 4.3 Is care safe?

The nurse in charge 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 20 June – 3 July 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients and representatives evidenced that there were no concerns regarding current staffing levels. One staff questionnaire respondent was of the opinion that the current staffing level was not adequate and as a result the 'buzzers' were not answered promptly. Staff raised concerns that when 'patient numbers drop to 35, the number of care assistants on duty dropped by one regardless of the dependencies.' Staff also raised concerns when perceived dependency levels had risen in the past, the staff were of the opinion that the staffing levels did not reflect the rise in dependency. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The induction was signed by the registered nurse and the registered manager on completion.

A mandatory training register was maintained within the home. Discussion with the nurse in charge confirmed that a system was in place for the delivery of mandatory training. A review of the training register evidenced shortfalls on training compliance. For example, compliance with fire safety training was 48 percent. An action plan to address the shortfall was not present. A recommendation was made to ensure that the system is further developed to ensure timely compliance with mandatory training requirements.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately. The completed assessments had been signed by the registered nurse and verified by the registered manager as successfully completed.

Discussion with the nurse in charge and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed. NMC and NISCC checks were monitored monthly and evidenced within a file.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

Discussion with staff clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the nurse in charge confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

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

Review of a random selection of records pertaining to accidents, incidents and notifications forwarded to RQIA since 2 December 2015 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice guidelines in infection prevention and control (IPC):

- inappropriate storage in identified rooms/areas
- identified chairs and pressure cushions in disrepair
- pull cords in use without appropriate covering
- commodes and toilet aids not effectively cleaned after use
- rusting commode chairs in use

The above issues were discussed with the nurse in charge and a requirement was made. An assurance was provided by the nurse in charge that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made in the previous QIP that management systems are put in place to ensure compliance with best practice in infection prevention and control. This recommendation has been, stated for a second time.

**Areas for improvement**

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

It is recommended that the system for delivering mandatory training is further developed to ensure timely compliance with mandatory training requirements.

| Number of requirements | 1 | Number of recommendations | 1 |
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## 4.4 Is care effective?

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 plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records were stored securely in lockable cabinets at the nursing stations. A review of bowel management records evidenced these had not been completed in accordance with best practice guidelines. Records in the 'bowel chart' made reference to the Bristol Stool Chart although these were not always reflected within the patient's daily evaluation notes. Long gaps between bowel movements were noted in the daily evaluation records. One patient had a gap of eight days and another patient, a gap of nine days between recorded bowel movements. 'Incontinence care given' had been documented within the daily evaluation note which did not accurately reflect the patients' bowel management. A recommendation was made.

Repositioning charts reviewed, were recorded well with regards to evidencing skin checks at the time of repositioning. However, the repositioning charts had not always been signed by the person making the record and/or the second person involved in the repositioning. An assessment of the activities of daily living on an identified patient had not been dated or signed by the registered nurse completing the assessment. A recommendation was made to ensure that all entries made in records are dated and signed by the person/s making the entries.

An identified patient with an assessed need requiring an ongoing repositioning chart to monitor pressure areas, did not have a current chart in progress. This was discussed with the nurse in charge and following a review of the patient's records, the patient had not had a repositioning chart completed from 9 June 2016. A requirement was made to ensure all appropriate supplementary documentation was completed in accordance to the identified patients' needs and this documentation was reviewed by registered nursing staff to ensure the needs of the patient are met.

Patient/representative involvement in care assessment and planning was included within one of the patient care records reviewed in the form of a signed care plan involvement form. There was insufficient evidence, within the two other patients' care plans reviewed, of actual and meaningful patient/ representative input into the care planning process. A recommendation was made.

Registered nurses were aware of the local arrangements and referral process to access relevant healthcare professionals, for example General Practitioner's (GP), SALT, dietician and TVN. Care records reviewed reflected recommendations prescribed by other healthcare professionals.

Discussion with the nurse in charge confirmed that a general staff meeting had occurred on 23 March 2016. Minutes were not available of this meeting to review. Minutes of this meeting were sent to RQIA following the inspection. There was no evidence of any further staff meetings conducted within the home. One staff questionnaire respondent expressed concern at the availability of staff meetings. There was evidence within the records of monthly management meetings being conducted. A recommendation made in the previous QIP regarding staff meetings has been stated for a second time (see Section 4.2).

The nurse in charge confirmed that an annual survey was sent to all patients' next of kin and the results of the survey would be included within the Annual Quality Report and discussed at annual family meetings and annual patient meetings. The nurse in charge also confirmed that the results would be discussed at staff meetings and/or through supervision and appraisal where appropriate. A visitors' noticeboard was maintained at the entrance to the home.

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. However, one staff member felt their concerns were not taken seriously and one staff questionnaire respondent was of the opinion that 'not all concerns were dealt with promptly.' All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on Age NI advice and advocacy service, chaplaincy, looking after someone living in Belfast, your life your choice, Alzheimer's disease and bereavement.

**Areas for improvement**

It is recommended that the recording of bowel management was in accordance with best practice and professional guidance.

It is recommended that all entries made in patient care records are dated and signed by the person making the entries.

It is required that where a patient requires the completion of a repositioning chart, that the documentation will be completed and then reviewed appropriately by the registered nurse.

It is recommended that patients/representatives are involved in the care planning process.

| Number of requirements | 1 | Number of recommendations | 3 |
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## 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. One of the questionnaires was returned within the timescale for inclusion in the report. On inspection two registered nurses, three carers and two ancillary staff members were consulted to ascertain their views of life in Glenmachan Tower.

Some staff comments were as follows:
'I really like it here.'
'I enjoy it here.'
'It's a lovely home.'
'It can be very stressful due to the workload.'

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with seven patients individually, and with others in smaller groups, confirmed that, in their opinion, the care was safe, effective, compassionate and well led.

Some patient comments were as follows:
'The care is terrific and they (the staff) are so good. You just need to ask and you get.'
'It couldn't be better.'
'I like it here alright.'
'It's beautiful. The staff are very good.'

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Two patient representatives were consulted on the day of inspection.

Some representative comments were as follows:
'I find the care very good here.'
'The care is very good. They (the staff) take care of the whole family.'

Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned.

The provision of activities was reviewed. A clear list of activities scheduled for weeks commencing 27 June and 4 July 2016 was on display. Activities included flower arranging; baking; games; quizzes; arts and crafts. A schedule was also available to review of outside talents coming to entertain the patients and of planned outings the patients could attend. One of the visits to the home was from the local zoo that brought some animals with them to meet the patients. Pictures were on display of patients enjoying activities. A 'Tesco Community Champion' was undertaking a 1950s reminiscence session on the day of inspection which included remembering food labels; songs and actors/actresses of the time from books. The provision of activities was observed to be commendable.

A religious service was conducted every Sunday morning. In addition, communion was administered monthly. Members of the clergy visited the home regularly.

**Areas for improvement**

No areas for improvement were identified during the inspection under the compassionate domain.

| **Number of requirements** | **0** | **Number of recommendations**: | **0** |
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## 4.6 Is the service well led?

Discussion with the nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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

Discussion with the nurse in charge 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. The complaints procedure was on display at the entrance to the home.

Policies and procedures were maintained in a file and located in an office which staff have access to at all times.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

‘Thank you so much for all the support and kindness that you gave to my dear husband.’
‘It is difficult to find words to express our gratitude for the care, kindness and love you showed towards mum.’
‘I can’t thank you all enough for the way you looked after …..’

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the nurse in charge 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, there were audits conducted on accidents, incidents, care records, infection prevention and control, continence, catheter management, medicines management, finance, complaints and health and safety.

The IPC audit was reviewed on inspection. The audit had been conducted on 27 April 2016. An action plan had been developed to address any identified shortfalls and a target date for completion of the action plan had been identified. However, there was no evidence of any actions taken or verification of any checks on suggested actions made. A recommendation made in the previous inspection regarding robust systems to ensure best practice in infection prevention and control has been stated for a second time.

There was evidence of a care plan audit conducted on 13 November 2015. The care plan audit tool made reference to United Kingdom Central Council (UKCC) standards for nursing and midwifery and also made reference to Nursing Homes Regulations NI (1993). A recommendation was made.

Discussion with the administrative manager confirmed that the homes’ management conducted their own unannounced visits to the home on a regular basis. Visits occurred at different times on day and night duty. Checks were carried out concerning the operational workings of the home and to ensure patients’ care plans on bed/rising times were adhered too. Cleanliness checks of the home, kitchen and laundry would also be conducted during the unannounced visit.

The nurse in charge confirmed that safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that all relevant staff had read the communication or had been notified about it. A recommendation has been made that a safe system and procedure is developed to ensure the effective management of safety alerts and notices.

Discussion with the nurse in charge and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. A notice was displayed regarding the availability of the Regulation 29 monthly monitoring reports. This is good practice.

As previously discussed issues were identified with the management of infection prevention and control practices, completion of patient care records, staff meetings, timely completion of mandatory training, governance systems to monitor the quality of care and the management of urgent communications, safety alerts and notices. Two requirements and four recommendations were made within the safe and effective domains, and two recommendations have been stated for the second time.

In considering the findings from this inspection and that two requirements and six recommendations have been made/stated for a second time regarding safe, effective and compassionate care, this would indicate the need for more robust management and leadership in the home.

**Areas for improvement**

It is recommended that the systems in place to monitor, audit and review services provided to ensure that they are reflective of current professional guidance and legislation.

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

| **Number of requirements** | **0** | **Number of recommendations**: | **2** |
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the nurse in charge, Sister Noeline McConvey, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

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| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref:** Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>14 July 2016 | The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.<br><br>**Ref: Section 4.3**<br><br>**Response by registered provider detailing the actions taken:**<br>..Pressure cushions not fit for purpose have been removed, chairs which need repair are being re-covered where appropriate or discarded<br>..Rusted commode chairs have been replaced and domestic/ care staff spoken to regarding proper cleaning of commodes and toilet aids.<br>..As this is not a purpose built facility storage space is a problem but we will endeavour to ensure equipment is stored appropriately. The home has purchased two 40ft containers for storage.<br>.. We have purchased special pull cords which are wipeable. |
| **Requirement 2**<br><br>**Ref:** Regulation 19 (1)(a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>29 June 2016 | The registered person must ensure that the identified patient has a repositioning chart maintained to allow for monitoring of pressure area care.<br><br>**Ref: Section 4.4**<br><br>**Response by registered provider detailing the actions taken:**<br>All residents who require a repositioning chart have this in place to monitor pressure area care |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref:** Standard 39 Criteria (9)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 September 2016 | It is recommended that the registered manager should ensure that competency assessments are maintained regarding urinary catheterisation, to ensure that the knowledge, skills and competence of registered nurses is up to date.<br><br>**Ref: Section 4.2 Carried forward from previous inspection**<br><br>**Response by registered provider detailing the actions taken:**<br>All registered nurses have competency assessments regarding urinary catheterisation . |

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| **Recommendation 2**<br><br>**Ref:** Standard 46 Criteria (2)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 August 2016 | The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control<br><br>Particular attention should focus on the areas identified on inspection.<br><br>**Ref: Section 4.2, 4.3** |
| | **Response by registered provider detailing the actions taken:**<br>This has been addressed and is in place. Monthly audits will be done to ensure compliance |
| **Recommendation 3**<br><br>**Ref:** Standard 41 Criteria (8)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 September 2016 | The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:<br><br>• The date of all meetings<br>• The names of those attending<br>• Minutes of discussions<br>• Any actions agreed<br>• Timeframe for actions to be achieved<br><br>**Ref: Section 4.2, 4.4** |
| | **Response by registered provider detailing the actions taken:**<br>Staff meetings have taken place this month and are scheduled again for November. Date,names and minutes documented.Actions agreed and timescale included. |
| **Recommendation 4**<br><br>**Ref:** Standard 39<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 August 2016 | The registered person should ensure a system is in place to ensure mandatory training requirements are met in a timely manner.<br><br>**Ref: Section 4.3** |
| | **Response by registered provider detailing the actions taken:**<br>We are implementing on-line training to address this recommendation |
| **Recommendation 5**<br><br>**Ref:** Standard 37 Criteria (4)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 August 2016 | The registered person should ensure a system is in place to ensure bowel management records are accurately recorded in accordance with best practice and professional guidelines.<br><br>**Ref: Section 4.4** |
| | **Response by registered provider detailing the actions taken:**<br>Systems are in place to ensure accurate recording of bowel management, nurse in charge of each shift and nursing sister are responsible for monitoring frequency of bowel movements. |

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| **Recommendation 6**<br><br>**Ref**: Standard 37<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 June 2016 | The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.<br><br>**Ref: Section 4.4** |
| | **Response by registered provider detailing the actions taken:**<br>All staff made aware of the importance of signing/dating all records they create. |
| **Recommendation 7**<br><br>**Ref:** Standard 4 Criteria (5) (6) (11)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 September 2016 | The registered person should ensure that care records evidence patients' and/or their representatives' involvement in the assessment/planning process to meet patients' care needs. If this is not possible the reason should be clearly documented within the care record.<br><br>**Ref: Section 4.4** |
| | **Response by registered provider detailing the actions taken:**<br>Named nurses reminded of their responsibility to record all conversatrions with residents and/or their relatives in updates on condition and changes in treatments. |
| **Recommendation 8**<br><br>**Ref**: Standard 35 Criteria (16)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 September 2016 | The registered provider should review the systems in place to monitor, audit and review services provided to ensure that they are reflective of current professional guidance and legislation.<br><br>**Ref: Section 4.6** |
| | **Response by registered provider detailing the actions taken:**<br>Audits on services provided will be done on a more regular basis and actions for improvement followed up in an agreed timescale |
| **Recommendation 9**<br><br>**Ref:** Standard 17<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 August 2016 | The registered person should ensure a system is in place to manage safety alerts and notifications.<br><br>**Ref: Section 4.6** |
| | **Response by registered provider detailing the actions taken:**<br>Staff sign that they have been made aware of safety alerts and notifications.. |

***Please ensure this document is completed in full and returned to** Nursing.Team@rqia.org.uk **from *the authorised email address****

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