

# Unannounced Care Inspection Report 7 June 2017



## Glenmachan Tower House

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

[www.rgia.org.uk](http://www.rgia.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 39 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Church of God - Glenmachan  <b>Responsible Individual(s):</b> Albert Stephens	<b>Registered Manager:</b> Helen Jean Murphy
<b>Person in charge at the time of inspection:</b> Noeline McConvey (Nurse in Charge)	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 39

### 4.0 Inspection summary

An unannounced inspection took place on 7 June 2017 from 09.10 to 17.10 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 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 recruitment procedures; notifications of incidents; staff training; delivery of compassionate care; adult safeguarding; monitoring staffs' registration status with the appropriate bodies; the management of mealtimes and engagement with patients/patients' representatives.

Areas requiring improvement were identified in relation to compliance with Control of Substances Harmful to Health (COSHH) regulations; staffing arrangements; staff meetings; staff induction; repositioning; infection prevention and control (IPC) compliance; environmental issues; provision of activities and the complaints procedure.

Patients said that they were satisfied with the care and services provided and 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
<b>Total number of areas for improvement</b>	*3	*7

\*The total number of areas for improvement includes three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Noeline McConvey, Nurse in Charge, 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 16 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 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 we met with 17 patients individually and others in small groups, one patient representative, four care staff, two registered nurses and two ancillary staff members.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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.

The following records were examined during the inspection:

- duty rota for all staff from 29 May to 11 June 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
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts, bowel management and reposition charts
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

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

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 16 January 2017**

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 16 January 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of accident records evidenced that this area of improvement has now been met	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1) (2) (a) (b)  <b>Stated:</b> First time	The registered person must ensure that patients' care plans are developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Risk assessments and care plans had been developed in a timely manner from admission and reviewed and updated accordingly.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person must ensure that patients care plans give clear direction in terms of frequency of repositioning and that these directions are followed. Actions taken in response to any skin deterioration observed on repositioning should be clearly indicated within the patients' care records.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' care plans and supplementary records in relation to repositioning evidenced that the frequency of repositioning was not recorded on one care plan and the frequency of repositioning recorded on the second patient's care plan was not conducted in accordance with the patient's care plan.  This area for improvement has not been met and will be stated for the second time.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> During a review of the environment, a door leading to a room containing harmful chemicals was open and accessible to patients.</p> <p>This area for improvement has not been met and will be stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure a system is in place to ensure mandatory training requirements are met in a timely manner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the nurse in charge and a review of training records evidenced that this area of improvement has now been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All records reviewed on inspection had been dated and signed appropriately.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35 Criteria (16)</p> <p><b>Stated:</b> Second time</p>	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Information sent to RQIA following the inspection evidenced that additional systems were in place to monitor and audit the services provided. See section 6.7 for further information.</p>	<p><b>Met</b></p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered person should ensure that the staffing arrangements in the home are determined by the current patient dependency levels.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager following the inspection, observation on inspection and a review of comments made by staff indicated that this area of improvement had not been met. See section 6.4 for further information.  This area for improvement has not been met and will be stated for the second time.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 44 Criteria (1) <b>Stated:</b> First time	The registered person should ensure that the areas identified on inspection are repaired/replaced as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The areas identified on the previous inspection had been repaired/replaced as appropriate.	

### 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 nurse in charge confirmed the planned daily staffing levels for the home. A review of the staffing rota for weeks commencing 29 May and 5 June 2017 evidenced that the planned staffing levels were adhered to. Evidence of dependency level checks conducted to determine staffing arrangements were not available on inspection. Discussion with the registered manager following the inspection and consultation with staff on duty evidenced that there were concerns in regards to the staffing arrangements. Staff described 'feeling stressed with the workload' and stated that they were 'constantly rushing to meet the needs of patients'. This was observed during the inspection. Staff also highlighted areas where they felt patients' needs were not adequately met due to staffing numbers. These concerns were passed to the registered manager following the inspection for review and action as appropriate. One patient commented, 'The staff are run off their feet'. An area of concern in relation to staffing arrangements, made at the previous care inspection, has been stated for a second time.



Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. However, staff also commented that a member of staff received only four supernumerary hours for induction. Supernumerary hours allow new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures before being included in the staffing levels on the duty rota. Staff also confirmed that there was no formal orientation/induction for new agency staff prior to commencing their first day of employment. This was discussed with the nurse in charge and was identified as an area for improvement.

Discussion with the nurse in charge and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the nurse in charge 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).

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Information sent to RQIA following the inspection confirmed that a safeguarding champion would be identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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. However, deficits were identified in regard to patients' repositioning regimes. This will be further discussed in section 6.5.

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. All falls in the home were reported to the Trust's falls team. 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 16 January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were not managed in accordance with best practice guidelines in IPC:

- inappropriate storage in identified rooms
- shower chairs and toilet aids not effectively cleaned after use
- pressure relief cushions in disrepair

The above issues were discussed with the nurse in charge and an assurance was provided by the nurse in charge that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement was identified.

During the review of the environment a door to an identified room containing harmful chemicals was observed accessible to patients. This was discussed with the nurse in charge and an area of concern in relation to compliance with COSHH regulations made at the previous care inspection has been stated for a second time.

A malodour was detected in an identified room. The room was re-visited two hours later and the malodour remained prevalent. This was discussed with the nurse in charge and identified as an area for improvement.

Doors leading to an identified bathroom and toilet were observed without locking mechanisms which would allow any person passing by to open the door and would be undignified for patients who may be having personal care needs met inside either of these rooms. This was discussed with the nurse in charge and an area for improvement was identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment; monitoring the registration status of nursing and care staff; staff training; adult safeguarding and risk assessment.

### Areas for improvement

Areas for improvement were identified in relation to staff inductions, management of malodours, door locking mechanisms and compliance with IPC.

Consideration must also be given to areas for improvement that were identified at the previous care inspection, which have been stated for the second time during this inspection. These relate to the safe storage of cleaning chemicals; and the staffing arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

### 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. The majority of care plans had been personalised to meet the individual needs of the patients and had been reviewed monthly.

Supplementary care records in regards to bowel management and repositioning were reviewed. Bowel management had been recorded well on all three patient care records reviewed. An individual toileting chart had been developed and diligently recorded for all patients.

Repositioning records were reviewed. Two out of three of the patients reviewed required a repositioning regime following individualised assessments. A repositioning regime had not been care planned for one of the patients. There was also no frequency of repositioning documented on repositioning charts. Regular gaps of up to six hours were observed within the second patient's repositioning chart which was not in accordance with the patient's care plan. This was discussed with the nurse in charge and an area for improvement in relation to repositioning made in the previous care inspection has been stated for a second time.

Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were stored in lockable cabinets at the nurses' station.

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.

Discussion with the nurse in charge and a review of minutes of staff meetings confirmed that since the last inspection there had been staff meetings for care assistants conducted on 23 and 27 March 2017. There was no evidence of any further staff meetings. This was discussed with the nurse in charge and identified as an area for improvement.

Information sent to RQIA following the inspection confirmed that a relatives' meeting had been conducted on 12 December 2016 and that one had been scheduled for 20 June 2017. Confirmation was also supplied that surveys with patients and/or their relatives were conducted annually and results of the survey were displayed on the relative's notice board reflecting relative comments and management responses.

Staff stated that although they felt stressed and rushed, 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. Two staff consulted were of the opinion that their concerns were not taken seriously. These concerns were passed to the registered manager for review. Patients and the representative spoken with expressed their confidence in raising concerns with the home's staff/management.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information available to staff, patients, representatives in relation to advocacy services.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and the majority of care planning; bowel management; communication between members of the multi-disciplinary team and the homes' staff; shift handovers; staffs' knowledge of their roles and responsibilities and contact with relatives/representatives.

## Areas for improvement

An area for improvement was identified in relation to the frequency of staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, caring and timely. Consultation with 17 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom 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 stated that they were involved in decision making about their own care. Patients were consulted with regarding meal choices and their choice of attire. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

The serving of lunch was observed in the main dining room downstairs. Patients were seated around tables which had been appropriately laid for the meal. Food was served from the kitchen when patients were ready to eat or to be assisted with their meals. Food appeared nutritious and appetising. The mealtime was well supervised. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Condiments were available on tables and a range of drinks were offered to the patients. Appropriate music was played in the background. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed. A programme of activities for week commencing 12 June 2017 was displayed. Activities included a quiz; administration of communion; dancing and a piano recital. Staff confirmed the lead person involved in the provision of activities had retired since the last care inspection. This was discussed with the nurse in charge and the provision of meaningful activities for all residents was identified as an area for improvement.

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Glenmachan. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

“It’s a lovely home. It’s just so stressful.”

“I’m happy here. I really enjoy the work.”

“Residents are really well cared for but it can be a negative atmosphere to work in at times.”

“I love my job but we need more staff.”

Seventeen patients were consulted. Eight patient questionnaires were left in the home for completion. Five of the patient questionnaires were returned.

Some patient comments were as follows:

“We are very lucky to be here.”

“The staff are very good to me.”

“It’s very good here. The girls are all lovely.”

“I enjoy it here. The staff are run off their feet.”

“The home is excellent.”

“I find the staff very nice and very attentive.”

“It’s very nice here.”

“A lot of times there is not enough staff in the dining room.”

One patient representative was consulted during the inspection. Ten relative questionnaires were left in the home for completion. Six of the relative questionnaires were returned.

Some patients’ relative/representative comments were as follows:

“The care here is dead on. Mum is very safe.”

“His (husband) care has been excellent and as I am a visitor virtually every day, I am very aware of the maintained high standard.”

“Staff when in direct contact treat residents with dignity and respect. There is not enough staff to spend time, as necessary, with distressed residents.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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 privacy, dignity and respect afforded to patients; staff interaction with patients and the mealtime experience.

## Areas for improvement

An area for improvement was identified in relation to the provision of activities.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 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 nurse in charge 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 records 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. However, a review of the homes complaints procedure was not reflective of regional guidelines. It did not allow for the complainant to make contact with the commissioning Trust representatives and made reference to contact the responsible individual following contact with the ombudsman if required. This was discussed with the nurse in charge and identified as an area for improvement.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"Sincere thanks from the ... family for the excellent care mum received at Glenmachan. We were very impressed on how committed the staff were."

"I can't thank you enough for the way you looked after ... You were not staff to me but like extended family."

"Just a wee note to thank you all from the bottom of our hearts for all the wonderful care and great compassion that you gave to our dear mother."

Discussion with the registered manager following the inspection evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to medicines; falls; care plans; environment; continence and IPC.

Two staff consulted confirmed that when they raised a concern, they did not feel that the home's management would take their concerns seriously. These concerns were passed to the registered manager following the inspection for review and action as appropriate.

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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; management of complaints and incidents and monthly monitoring.

### Areas for improvement

An area for improvement was identified in relation to the complaints procedure.

Consideration must also be given to the areas for improvement identified during the previous inspection that have been stated for the second time during this inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Noeline McConvey, Nurse in Charge, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 14 June 2017</p>	<p>The registered person shall ensure that patients' care plans give clear direction in terms of frequency of repositioning and that these directions are followed. Actions taken in response to any skin deterioration observed on repositioning should be clearly indicated within the patients' care records.</p> <p><b>Ref: Section 6.2 and 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Residents care plans clearly state the frequency of repositioning schedules. Repositioning Charts are being checked by the Nurse In Charge on each shift to ensure adherence. Care records clearly indicate any actions to be taken when deterioration observed on Repositioning Charts.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p><b>Ref: Section 6.2 and 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> All domestic staff made aware that any storage areas for chemicals must be secure and doors locked to protect residents.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 June 2017</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><b>Ref: Section 6.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> We are replacing any commode stands which are rusty. We have replaced bed tables which are no longer fit for purpose. Shower chairs and toilet aids are being thoroughly cleaned after use, Nurse In Charge and Management inspect daily. Pressure relieving cushions have been replaced.</p>

<b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 June 2017	The registered person shall ensure that the staffing arrangements in the home are determined by the current patient dependency levels.  <b>Ref: Section 6.2 and 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> We are employing an extra Care Assistant to work in the afternoons, over the teatime period, to ensure adequate staffing, taking into account dependency levels.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	The registered person shall ensure that all staff newly appointed to the home, including agency staff, complete a structured orientation/induction appropriate to their role and records are maintained.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> All new staff receive an orientation session and are given five days to shadow a senior member of staff to induct into their role - records kept reflect this.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 June 2017	The registered person shall ensure that the malodour in the identified room is managed effectively.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> Malodours in bedrooms have been actioned - Neutralliser used.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	The registered person shall ensure that locking mechanisms are in place on doors leading to areas where personal care may be delivered.  <b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> Locks are being put on doors leading to areas where personal care may be delivered.

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41 Criteria (8)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly.</p> <p><b>Ref: Section 6.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings are held three monthly and include all levels of staff.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 11 Criteria (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients.</p> <p><b>Ref: Section 6.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> We are currently recruiting an activities co - ordinator who will work afternoons and evenings as well as mornings.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered person shall ensure that the complaints procedure developed in the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p><b>Ref: Section 6.7</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Complaints procedure has been redone to reflect legislation and DHSSPS guidance.</p>



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