



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Care Inspection**

**Name of Establishment:** Glenmachan Tower House  
**RQIA Number:** 1255  
**Date of Inspection:** 20 November 2014  
**Inspector's Name:** Loretto Fegan  
**Inspection ID:** IN017003

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Glenmachan Tower House
<b>Address:</b>	13 Glenmachan Road Belfast BT4 2NN
<b>Telephone Number:</b>	02890763441
<b>Email Address:</b>	hjmurphygmth@outlook.com
<b>Registered Organisation/ Registered Provider:</b>	Church of God - Glenmachan
<b>Registered Manager:</b>	Mrs Helen Jane Murphy
<b>Person in Charge of the Home at the Time of Inspection:</b>	Sr Noeline McConvey was in charge of the home at the commencement of the inspection. Mrs Murphy, registered manager arrived to the home at approximately 13.30 hours and facilitated the remainder of the inspection.
<b>Categories of Care:</b>	NH-I, NH-PH, NH-PH(E), NH-TI
<b>Number of Registered Places:</b>	39
<b>Number of Patients Accommodated on Day of Inspection:</b>	37
<b>Scale of Charges (per week):</b>	£600 - £620
<b>Date and Type of Previous Inspection:</b>	13 February 2014  Secondary Unannounced Care Inspection
<b>Date and Time of Inspection:</b>	20 November 2014 10.25 – 15.35 hours
<b>Name of Inspector:</b>	Loretto Fegan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Responsible Person
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	<b>18</b>
Staff	<b>7 (in addition to registered manager and responsible person)</b>
Relatives	<b>2</b>
Visiting Professionals	<b>0</b>

Questionnaires were provided during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

<b>Issued To</b>	<b>Number Issued</b>	<b>Number Returned</b>
Patients	<b>2</b>	<b>2 (includes 1 completed by the inspector with the patient)</b>
Relatives/Representatives	<b>3</b>	<b>2 (includes 1 completed by the inspector with a relative)</b>
Staff	<b>9</b>	<b>9</b>

## 6.0 Inspection Focus

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in appendix one of this report. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### **Standard 19 - Continence Management**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Glenmachan Tower House is a voluntary nursing home, situated in the Glenmachan area of East Belfast. The nursing home is owned and operated by Church of God, Glenmachan and the current registered manager is Mrs H Murphy.

Accommodation for patients is provided on two floors of the home and most bedrooms have en-suite facilities with a toilet and wash-hand basin. One double bedroom has an en-suite facility with a shower. Access to the first floor is via a passenger lift and stairs. Two communal day rooms / sitting rooms and the dining room are located on the ground floor; a sitting room is also located on the first floor.

The home is serviced with a kitchen, laundry, communal toilet/washing facilities and offices. There is a spacious car park within the grounds. Glenmachan Tower House is within a ten minute car drive to the main shopping areas.

The home is registered to provide care for a maximum of thirty-nine persons under the following categories of care:

### Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

## 8.0 Executive Summary

The unannounced inspection of Glenmachan Tower House was undertaken by Loretto Fegan on 20 November 2014 between 10.25 – 15.35 hours. The initial part of inspection was facilitated by Sr N McConvey until the arrival of Mrs Murphy, registered manager. Dr A Stephens, responsible person was also present for a short time during the inspection. The registered manager was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during the previous unannounced care inspection on 13 February 2014.

Prior to the inspection taking place, the inspector reviewed the completed self-assessment and other information submitted by the registered manager as part of the pre-inspection process (refer to section 11 and appendix 1). The responses in the returned quality improvement plan (QIP) pertaining to the care inspection undertaken on 13 February 2014 and incidents submitted by the home to RQIA since 13 February 2014 were also reviewed. There is ongoing communication between RQIA and the registered manager regarding an alleged adult safeguarding issue reported to RQIA in November 2013 which the home referred to the Safeguarding (SOVA) team in the Belfast HSC Trust.

The inspector observed care practices which evidenced that the quality of interactions between staff and patients at the time of the inspection demonstrated courtesy, respect and engagement with the patients. Patients including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed and relaxed and comfortable in their surroundings.

Patients spoken with and their questionnaire responses confirmed high levels of satisfaction with the standard of care, facilities and services provided in the home. Relatives also indicated that they were in the main happy with the standard of care provided. The registered manager agreed to follow up any issues raised. Refer to section 11.7 for further details about patients and relatives.

Four patients' care records were examined in relation to continence management and support. The care records evidenced that the standard of record keeping in relation to this aspect of care reflected an assessment, care planning and evaluation process which included the promotion of continence / management of incontinence and patient dignity. Discussion took place with the registered manager how the care records could be further developed. A requirement was made in relation to the care record issues identified.

Policies / procedures and training were in place to support registered nurses and care staff in relation to continence management. However, it is recommended that stoma care and catheter care are also included in the home's policies and procedures. These policies / procedures should be further developed / reviewed to include evidence based references and the date of implementation and planned review date.

It was also recommended that evidence based guidelines in relation to bowel / bladder care should be sourced and made available to staff. Induction records should also evidence competencies assessed in relation to bowel / bladder care. Regular audits of the management of incontinence should be undertaken and the findings acted upon to enhance already good standards of care.

A further recommendation was made that all registered nurses receive an update on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved.

From a review of the available evidence and from discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

Discussion with the registered manager and review of the nursing and care staff duty roster for week commencing 17 November 2014 evidenced that the registered nursing and care staffing levels were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection.

During the inspection, the inspector spoke with a total of seven staff in addition to the registered manager and responsible person. This included one registered nurse, the sister and two care staff; a brief conversation also took place with two administrative staff and the maintenance person. Nine staff completed questionnaires. Staff responses in discussion and in the returned questionnaires were positive regarding the standard of care provided to patients. However, most care staff and registered nurses expressed dissatisfaction in relation to the lack of time they had to listen and talk to patients. This was discussed at length with the registered manager who agreed to review how activities including chatting with patients on an individual basis could be further facilitated to meet individual patient need. It is recommended that the manager confirms when returning the quality improvement plan how the issues identified by staff were addressed.

Records examined were in the main found to be maintained in accordance with legislative requirements. However, as notification in relation to three specific accident /incidents were not submitted to RQIA in accordance with legislative requirements, a requirement has been made. A further requirement was made to ensure that evidence based risk assessments in relation to falls and the use of bedrails are fully completed and a care plan put in place to address an identified patient's care needs in accordance with the Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice.

The inspector undertook an observational tour of the internal environment of the home. All areas were maintained to an acceptable standard of hygiene and décor.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a satisfactory standard.

Additional areas were also examined including:

- complaints
- patients under Guardianship

Details regarding these areas are contained in section 11 of the report.

The inspector reviewed and validated the home's progress regarding the four requirements and seven recommendations made at the previous care inspection on 13 February 2014 and confirmed compliance outcomes as follows: three requirements and two recommendations had been fully complied with; one requirement and two recommendations were substantially compliant. A further two recommendations were moving towards compliance and one recommendation was found not compliant.



Verbal feedback of the inspection outcomes was given to Mrs Murphy, registered manager at the conclusion of the inspection and post inspection.

## **Conclusion**

As a result of this inspection, four requirements and four recommendations were made. This includes two recommendations which had been stated three times during previous care inspections, which are now raised as requirements. One requirement and three recommendations were restated one of these has been stated for a third time.

Details can be found in the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, relatives, registered manager, responsible person and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, relatives and staff who completed questionnaires.

## 9.0 Follow-Up on Previous Issues from inspection on 13 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20. (1) (3)	<p>The registered person shall ensure that at all times a nurse working at the nursing home and that the registered manager carries out a competency and a capability assessment with any nurse who is given the responsibility of being in charge of the home for any period in his absence.</p> <p>The assessment should accurately reflect the responsibilities of being in charge of the home and include safeguarding procedures and clinical areas of practice, for example wound management.</p>	<p>The inspector examined the competency and capability assessments undertaken in respect of two registered nurses who are given the responsibility of being in charge of the home in the absence of the registered manager. Both assessments reflected the responsibilities of being in charge of the home and included safeguarding procedures and clinical areas of practice, for example wound management.</p>	<b>Compliant</b>
2	29. (3) and (4)	<p>Where the registered provider is an individual, but not in day to day charge of the nursing home, he shall visit the home in accordance with this regulation. The visits shall take place at least once a month and be unannounced. The person carrying out the visit shall interview, with their consent and in private, such of the patients and their representatives and persons working in</p>	<p>The responsible person was present when the inspector examined the reports pertaining to two regulation 29 visits.</p> <p>There was evidence these visits took place at least once a month and the responsible person confirmed that they were unannounced.</p>	<b>Compliant</b>

		the nursing home as appears necessary in order to form an opinion of the standard of nursing provided in the home	There was evidence that the responsible person interviewed patients, their representatives and persons working in the nursing home in order to form an opinion of the standard of nursing provided in the home.	
3	16. (1)	The registered person shall ensure that a written plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.	The inspector examined the care records pertaining to four patients. All records examined evidenced consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.	<b>Compliant</b>
4	17	In the interest of infection prevention and control the following issues were discussed with the registered manager and need to be addressed; <ul style="list-style-type: none"> <li>• liquid soap and alcohol gel should not be decanted from the original container into smaller dispensing units.</li> <li>• the pull cord in Bathroom 2 is discoloured from use, this cord should be replaced. A wipeable covering will facilitate effective cleaning of the new cord.</li> <li>• bundles of freshly laundered towels should not be kept in a communal bathing/showering facility.</li> </ul>	The inspector conducted a tour of the premises, and can confirm the following: <ul style="list-style-type: none"> <li>• there was no evidence of liquid soap and alcohol gel being decanted from the original container into smaller dispensing units. A different system was in place which complied with infection prevention and control measures.</li> <li>• freshly laundered towels were not kept in communal bathing/showering facilities.</li> <li>• the pull cord in bathroom 2</li> </ul>	<b>Substantially compliant</b>

			<p>remained discoloured from use. The cord was not replaced and a wipeable covering to facilitate effective cleaning was not in place.  <b>This aspect of the requirement will be re-stated for the second time and compliance followed up during the next care inspection.</b></p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	26.1	The Annual Quality Report should be further developed to include the analysis of the outcome of the annual patient satisfaction survey, and should provide detail of any subsequent action taken by the nursing home in response to any learning outcomes.	<p>The Annual Quality Report was not available at the time of the inspection, however it was forwarded by e-mail to RQIA following the inspection. While the inspector acknowledges that the Annual Quality Report makes reference to feedback from residents through yearly questionnaires, it did not provide an analysis of the outcome of the satisfaction survey, or provide detail of any subsequent action taken by the nursing home in response to any learning outcomes.</p> <p><b>This recommendation will be stated for the second time and compliance followed up during the next care inspection.</b></p>	<b>Moving towards compliance</b>
2	32.8	It is recommended that the 'Safe use of bed rail policy' is further developed to state the safety checking procedures when bedrails are in use, and also confirm that the person(s) delegated responsibility of checking bed rails had been assessed as competent to do so.	<p>The inspector examined the home's 'Safe use of bed rail policy'. This had been further developed to state the safety checking procedures when bedrails are in use.</p> <p>However, there was no evidence that the person(s) delegated responsibility of checking bed rails</p>	<b>Substantially compliant</b>

			<p>had been assessed as competent to do so.</p> <p><b>This recommendation will be stated for the second time and compliance followed up during the next care inspection.</b></p>	
3	28.1	<p>It is recommended a final statement of competency by the registered manager is recorded on the completed induction training programme of newly appointed staff.</p>	<p>The registered manager confirmed that this is work in progress and to date a final statement of competency by the registered manager has not been recorded on the completed induction training programme of newly appointed staff.</p> <p><b>As this recommendation has been made during the three previous care inspections, it is raised as a requirement as a consequence of this inspection.</b></p>	<b>Not compliant</b>
4	29.4	<p>The registered manager should receive formal recorded supervision in accordance with the home's Supervision Policy.</p>	<p>The registered manager confirmed that to date she has not received formal recorded supervision in accordance with the home's Supervision Policy.</p> <p>The registered manager confirmed that she intends contacting the Belfast Trust's nursing home support team to discuss potential options.</p>	<b>Moving towards compliance</b>

			<b>As this recommendation has been made during the three previous care inspections, it is raised as a requirement as a consequence of this inspection.</b>	
5	26.1	<p>It is recommended the policy on quality assurance for the home includes information/arrangements for the Regulation 29 monthly monitoring reports and the completion of the annual quality report.</p> <p>Information should also be detailed that these reports are available in the home and patients and/or their representatives may read the reports if they so wish.</p>	<p>The inspector can confirm that a policy was available in relation to information / arrangements for the monthly Regulation 29 visits by the responsible person.</p> <p>However, a quality assurance policy was not available for inspection or any other policy which included information / arrangements for the completion of the annual quality report or how these reports are disseminated to patients and / or their representatives.</p> <p><b>This recommendation will be stated for the third time and compliance followed up during the next care inspection.</b></p>	<b>Substantially compliant</b>
6	25.12	<p>It is recommended the Regulation 29 monthly monitoring report includes, for example any requirement and/or recommendation made by an agency authorised to inspect the home. The report should detail the action taken to</p>	<p>The inspector can confirm that there was evidence that the Regulation 29 monthly monitoring report included, for example requirements and/or recommendations made by an agency authorised to inspect the</p>	<b>Compliant</b>

		address any requirement or recommendation.	home. Reference was made to the quality improvement plan in place to address any requirement or recommendation made.	
7	6.1	Records must be readable when photocopied or scanned, i.e. recorded in black ink	The inspector can confirm that all handwritten records examined including the staff duty rota were recorded in black ink.	<b>Compliant</b>



### **9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

During the inspection, the inspector followed up with the registered manager an incident notification submitted to RQIA in November 2013 which the home referred to the Safeguarding (SOVA) team in the Belfast HSC Trust. The registered manager had no recollection of this notification at the time of the inspection. Further information regarding this matter was requested from the registered manager post inspection by RQIA, and the correspondence is ongoing in relation to this alleged safeguarding of vulnerable adults (SOVA) issue.

## 10.0 Inspection Findings

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for all four patients. These assessments were recorded appropriately and reflected the identification of individual patient need in relation to continence / incontinence or if catheter or stoma care was required. However, three of the assessments examined did not include detailed information in respect of the patients' usual bowel function using the Bristol stool chart.  The promotion of continence, skin care, and patients' dignity were addressed in the care plans inspected.  The care plans evidenced patient / relative involvement regarding the agreeing and planning of nursing interventions and in the main addressed the patients' assessed needs in regard to continence management.  However the following issues were identified: <ul style="list-style-type: none"> <li>• One identified patient who had a urinary catheter in place should also have their urinary output recorded in their daily nursing records. This patient's care plan should also be reviewed to include how signs of infection / blockage are monitored.</li> <li>• The type of product used to manage incontinence should be included in one patient's care plan and a care plan relating to bowel care should be put in place for this patient.</li> </ul> There was evidence of evaluation of nursing care taking place in relation to bowel and bladder care. However the monthly evaluation in relation to bladder function should include for example if the patient remains continent or if there were episodes of incontinence when the aim is to promote continence.	Substantially compliant

<p>Issues identified in relation to assessment, care planning and evaluation of bowel and bladder function have been incorporated into a requirement pertaining to care records.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	
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**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**COMPLIANCE LEVEL**

**Inspection Findings:**

The inspector can confirm that policies and procedures were in place in relation to continence management / incontinence management, however stoma care and catheter care should also be included in the home's policies and procedures.

It is recommended that these policies / procedures are further developed /reviewed to include evidence based references and the date of implementation and planned review included.

A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN continence care guidelines

The registered manager informed the inspector that bowel / bladder care forms part of the induction training for new staff, this was confirmed by the registered nurse whom the inspector had the opportunity to speak with. However, this was not documented in the induction record of a staff member examined by the inspector, a recommendation is made in this regard.

While the inspector acknowledges the processes in place to monitor urinary catheters on a planned basis, a recommendation is also made that regular audits of the management of incontinence are undertaken and the

Substantially compliant

findings acted upon to enhance already good standards of care. The document Essence of Care (2010) was referred to by the inspector as a guide to this process.	
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**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<p><b>Criterion Assessed:</b>                  19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Not applicable</p>	
<p><b>Criterion Assessed:</b>                  19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  The registered manager confirmed that training for registered nurses in relation to male and female catheterisation took place two years ago and that one nurse was trained in the care of supra-pubic catheters, however there was no formal training provided for nurses in the management of stoma care. A recommendation has been made that all registered nurses receive an update on male and female catheterisation, care of supra-pubic catheters and management of stoma care. The registered manager advised that the representative from the company supplying continence products provides the staff with information on the correct use of these products.</p>	<p align="center">Substantially compliant</p>

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p align="center"><b>Substantially compliant</b></p>
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## 11.0 Additional Areas Examined

### 11.1 Care Practices

The inspector evidenced that the quality of interactions between staff and patients at the time of the inspection demonstrated courtesy, respect and engagement with patients.

Patients including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed and their demeanour indicated that they were relaxed and comfortable in their surroundings.

### 11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. A nil return was received with regard to the year ending 2013. The inspector reviewed the complaint record which evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

### 11.3 Records

In accordance with Regulation 19 (2) Schedule 4, a number of records are required to be kept in a nursing home. Prior to this inspection the registered person completed and returned a declaration to confirm that all documents listed were available in the home. The inspector sampled a number to confirm this as follows:

- duty roster record
- record of complaints
- record of accidents/ incidents
- record of visitors to the home
- care records

Records examined were in the main found to be maintained in accordance with legislative requirements. However, the following issues were identified:

- Examination of a random sample of the accident / incident entries recorded in the home identified that notification in relation to three specific accident / incidents were not submitted to RQIA in accordance with legislative requirements. These have subsequently been forwarded to RQIA. A requirement is made that notification to RQIA should be undertaken in accordance with legislative requirements.
- In addition to the care records examined in relation to section 10 (criterion 19.1), the inspector cross referenced the care records of one patient with a specific accident / incident report. It was agreed with the Sister in charge and the registered manager that evidence based risk assessments in relation to falls and the use of bedrails should be fully completed in a timely basis and a care plan put in place to address the identified patient's care needs in accordance with the Medicines and Healthcare products

Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice. A requirement was made in this regard.

#### **11.4 Patient Finance Questionnaire**

Prior to the inspection, a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

#### **11.5 NMC Declaration**

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma to RQIA indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

#### **11.6 Patients under Guardianship**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

The sister facilitating the initial part of the inspection confirmed that there were no patients accommodated at the time of inspection in the home who were subject to guardianship arrangements.

#### **11.7 Patients/Residents and Relatives Comments**

During the inspection, the inspector spoke with eighteen patients individually. Two of these patients provided responses to the questionnaire.

Patients spoken with and the questionnaire responses confirmed high levels of satisfaction with the standard of care, facilities and services provided in the home.

Patients' comments included:

- “staff very good”
- “extremely well looked after, folk very nice, food is lovely”
- “well looked after”
- “staff excellent”
- “I feel very safe”
- “I would recommend this home to friends; home is clean”

One patient raised concern that the nurse call bell system in their bedroom was not always in working order. The inspector discussed this with the registered manager. Before the inspection concluded, the maintenance person employed in the home confirmed with the registered manager that the identified call bell system was re-checked and found to be in working order. The registered manager agreed to advise the patient accordingly to alleviate any anxiety in this regard.



The inspector spoke with two relatives during the inspection, two of these relatives provided responses to the questionnaire and a further questionnaire was completed by a relative whom the inspector did not have the opportunity to discuss their relative's care with. All responses from relatives indicated that they were in the main satisfied with the care provided.

Relatives' comments included:

"fantastic place"

"good involvement of residents in preparations for Christmas"

"visitors can judge how the home runs during the daytime, unfortunately this is not true of night time care. I would like to see some form of reliable monitoring of the night time running of the home".

The inspector discussed this comment with the registered manager, who provided examples of the arrangements in place to monitor the night time running of the home such as the responsible person visiting the home on occasions at night and the nursing sister doing occasional night duty shifts to monitor care practices. The registered manager advised the inspector that she would put more robust night-time monitoring arrangements in place. Confirmation of the reviewed night-time monitoring arrangements is requested when returning the quality improvement plan. A recommendation has been made in this regard.

### **11.8 Staffing levels**

Discussion with the registered manager and review of the nursing and care staff duty roster for week commencing 17 November 2014 evidenced that the registered nursing and care staffing levels were in accordance with RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection.

### **11.9 Questionnaire Findings/Staff Comments**

During the inspection, the inspector spoke with a total of seven staff in addition to the registered manager and responsible person. This included one registered nurse, the sister and two care staff; a brief conversation also took place with two administrative staff and the maintenance person. Nine staff completed questionnaires. Staff responses in discussion / in the returned questionnaires indicated that staff received an induction, completed mandatory and additional training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

However, one member of care staff indicated that they had not received training on Human Rights and two care staff indicated that they had not received training on the management or use of restraint. This was discussed following the inspection with the registered manager who agreed to review training records and ensure all staff had received training in this regard commensurate with their role.

Most care staff and registered nurses expressed dissatisfaction in relation to the lack of time they had to listen and talk to patients. This was discussed at length with the registered manager and the record of activities was also reviewed. Records indicated that there was a range of group activities including planned Christmas outings available to patients, however there was no record of individual activities for patients. The registered manager agreed to review how activities including chatting to patients on an individual basis could be facilitated to

meet individual patient need. It is recommended that the manager confirms when returning the quality improvement plan how the issues identified by staff were addressed.

Examples of staff comments were as follows;

“proud to be working here”

“sometimes when short staff, don’t have time to talk or listen to residents or sometimes whenever talking with residents you are given a job or found something to do”

“I would rank this home highly as a good home, staff have a caring approach to residents”

“Matron gives support as does Sister”

“Training is actively encouraged for all staff, not just mandatory training”

“I am proud to say that I am supported by Matron Murphy in my job. Her dedication inspires. Her patients are her priority, she in turn encourages me to be patient centred”

“I have always been impressed with the dedication and hard work of care assistants in the home” We all work on a team level and have a good working relationship between care staff and domestics”

### **11.10 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and maintained to a high standard of hygiene. The inspector was informed that one patient’s en-suite facility was used as a communal shower for patients, as the communal bathroom on that floor had only a bath. The inspector advised that this practice should cease. The matter was referred to the estates inspector in RQIA who is following up the issue with the home.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Murphy, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Loretto Fegan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**Appendix 1**

<b>Section A</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.1</b></p> <ul style="list-style-type: none"> <li>At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</li> </ul> <p><b>Criterion 5.2</b></p> <ul style="list-style-type: none"> <li>A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</li> </ul> <p><b>Criterion 8.1</b></p> <ul style="list-style-type: none"> <li>Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent.</li> </ul> <p><b>Criterion 11.1</b></p> <ul style="list-style-type: none"> <li>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</b></p>	
<b>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<ul style="list-style-type: none"> <li>- On admission to the home, a nurse carries out and records an initial assessment on the 12 activities of living using the Roper, Logan and Tiernay validated assessment tool and draws up agreed care plan to meet the residents immediate needs. Information from Care Management, Hospital discharge letter and pre admission assessment by the Home Manager informs this assessment.</li> <li>- Full Care plans are drawn up within 11 days with input from resident and /or representative.</li> <li>- The MUST tool is used for nutritional screening on all residents on admission.</li> <li>- The Braden score tool is used to determine pressure ulcer risk.</li> </ul>	Compliant

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<b>Section B</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.3</b></p> <ul style="list-style-type: none"> <li>A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.</li> </ul> <p><b>Criterion 11.2</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.</li> </ul> <p><b>Criterion 11.3</b></p> <ul style="list-style-type: none"> <li>Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.</li> </ul> <p><b>Criterion 11.8</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.</li> </ul> <p><b>Criterion 8.3</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
- Each resident has a named nurse who is responsible for planning care to meet identified assessed needs in consultation with resident and / or their representative, taking into account advice/recommendation from relevant health care professionals.	Compliant

<ul style="list-style-type: none"> <li>- Referral arrangements in place to refer to Nursing Home Facilitator Team.</li> <li>- All residents assessed as "at risk" of developing pressure ulcers have a documented care plan.</li> <li>- Referral arrangements in place to refer to Community Podiatry and or Nursing Home Facilitator Team.</li> </ul>	
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<b>Section C</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.4</b> <ul style="list-style-type: none"> <li>Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Nurses document a daily report, update care plans 6 monthly or more often as required. Care plan evaluation of the residents' response to care planned is documented monthly. All risk assessments are updated/re-assessed monthly or more often as required.	Compliant



<b>Section D</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.5</b></p> <ul style="list-style-type: none"> <li>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</li> </ul> <p><b>Criterion 11.4</b></p> <ul style="list-style-type: none"> <li>A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</li> </ul> <p><b>Criterion 8.4</b></p> <ul style="list-style-type: none"> <li>There are up to date nutritional guidelines that are in use by staff on a daily basis.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Criterion 5.5 - All nursing interventions, activities and procedures are evidence based via guidelines from RCN, NICE, NMC, Joint Epilepsy Council etc.</p> <p>Criterion 11.4 - the European Pressure Ulcer Grading Tool is used to screen patients who have skin damage and an appropriate treatment plan is drawn up. The Nursing Home Facilitator Team is also involved for advice.</p> <p>Criterion 8.4 - There are up to date Nutritional guidelines (2014 Edition) is in use within the home.</p>	Compliant

<b>Section E</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.6</b></p> <ul style="list-style-type: none"> <li>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</li> </ul> <p><b>Criterion 12.11</b></p> <ul style="list-style-type: none"> <li>A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</li> </ul> <p><b>Criterion 12.12</b></p> <ul style="list-style-type: none"> <li>Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 19(1) (a) schedule 3 (3) (k) and 25</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Criterion 5.6 - All nursing records are up to date of nursing interventions, activities and procedures that are carried out in relation to each patient to include outcome for relatives.</p> <p>Criterion 12.11 - A record of meals is kept in the kitchen for inspection by any person authorised to do so to enable them to judge its dietary intake is satisfactory.</p> <p>Criterion 12.12 - Nutrition Charts are maintained for all those residents deemed as "at risk" either from poor dietary intake or those eating excessively. A record is kept of all referrals to the relevant professionals and care plans amended accordingly. Families are informed.</p>	Compliant

<b>Section F</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.7</b></p> <ul style="list-style-type: none"> <li>The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Criterion 5.7 Nurses do a daily and night report on each resident, documenting the residents response to care plans, activities attended etc. Care Management reviews are held initially after 6 - 9 weeks and there after yearly. The resident and their representative are informed of these meetings. The named nurse had responsibility for meeting with residents and /or their representatives regularly to update on care, treatmentsetc.</p>	Compliant

<b>Section G</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.8</b></p> <ul style="list-style-type: none"> <li>Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.</li> </ul> <p><b>Criterion 5.9</b></p> <ul style="list-style-type: none"> <li>The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>5.8 - Residents are encouraged to attend all reviews, their condition allowing, to attend all multidisciplinary reviews by HSC Trust.</p> <p>Criterion 5.9 - The result of all reviews and minutes of such are retained and where appropriate care plans are amended in consultation with the resident and their representative. Residents and their representatives are kept informed of progress at present this is not documented formally but will ensure this is now documented.</p>	Moving towards compliance

<b>Section H</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 12.1</b></p> <ul style="list-style-type: none"> <li>Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.</li> </ul> <p><b>Criterion 12.3</b></p> <ul style="list-style-type: none"> <li>The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Criterion 12.1 - Residents are provided with a nutritious and varied diet. This meets their individual and recorded daily needs and preferences. The cook meets with residents on admission to discuss diet, likes and dislikes etc.</p> <p>Criterion 12.3 - There is always an alternative meal provided at meal times if there is only one option at a mealtime. There is always a choice at evening meals.</p>	Compliant

<b>Section I</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 8.6</b></p> <ul style="list-style-type: none"> <li>• Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.</li> </ul> <p><b>Criterion 12.5</b></p> <ul style="list-style-type: none"> <li>• Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</li> </ul> <p><b>Criterion 12.10</b></p> <ul style="list-style-type: none"> <li>• Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:               <ul style="list-style-type: none"> <li>○ risks when patients are eating and drinking are managed</li> <li>○ required assistance is provided</li> <li>○ necessary aids and equipment are available for use.</li> </ul> </li> </ul> <p><b>Criterion 11.7</b></p> <ul style="list-style-type: none"> <li>• Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>8.6 - All nurses have up to date training on managing and feeding techniques for residents who have swallowing difficulties. All instructions from the speech and language therapist are incorporated into care plan and all staff are well informed and supervised to ensure these are adhered to.</p> <p>12.5 - Main meals are not at conventional times - Mid morning and afternoon snacks and drinks are given. Fresh water/juice is available at all times.</p> <p>12.10 - All staff are made aware and supervised to ensure risks associated with eating and drinking are managed, assistance required and aids/equipment are available as detailed in individual care plan.</p>	Compliant

11.7 - All nurses have had up to date training on wound care to include assessment, dressing etc.	
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Glenmachan Tower House

20 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Murphy, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	13 (7)	<p>In the interest of infection prevention and control the following issue needs to be addressed;</p> <ul style="list-style-type: none"> <li>the pull cord in Bathroom 2 is discoloured from use, this cord should be replaced. A wipeable covering will facilitate effective cleaning of the new cord.</li> </ul> <p><b>Ref – Follow up on previous issue (Section 9.0)</b></p>	Two	<p>This has been addressed. A cord with a wipeable covering now in place.</p>	Ongoing
2	20 (1) (a)	<p>The registered person must ensure that a final statement of competency is recorded on the completed induction training programme of newly appointed staff by the registered manager.</p> <p><b>A recommendation has been made on 3 previous occasions in this regard</b></p> <p><b>Ref – Follow up on previous issue Ref – (Section 9.0)</b></p>	One	<p>A final statement of competency is now recorded on completion of newly appointed staff by the appointed Manager.</p>	31 December 2014

3	20 (2)	<p>The registered person must ensure that the registered manager is appropriately supervised</p> <p><b>A recommendation has been made on 3 previous occasions in this regard</b></p> <p><b>Ref – Follow up on previous issue (Section 9.0)</b></p>	One	<p>Supervision of the Registered Manager has now been agreed with the Nursing Home Support Team.</p> <p>Awaiting confirmation date.</p>	28 February 2015
4	16 (2) (b)	<p>The registered person must ensure that the patients' care records are kept under review by ensuring the issues identified are addressed as follows:</p> <ul style="list-style-type: none"> <li>• supplementary bowel assessments such as Bristol stool chart informs the care plan and evaluation process.</li> <li>• care plans for patients with urinary catheters include fluid output and how signs of infection / blockage are monitored.</li> <li>• monthly evaluation in relation to bladder function should include, for example if the patient remains continent or if there were episodes of incontinence when the aim is to promote continence.</li> <li>• evidence based risk assessments in relation to falls and the use of bedrails should be fully completed and a care plan put in place to address an</li> </ul>	One	<p>All Nursing Staff are now aware that these requirements must be identified and addressed in the individual Patients' Care Plans and monthly evaluations. The identified patient's care needs with regard to falls and use of bedrails using evidence based risk assessments.</p> <p>Care plan is now in place in relation to use of bedrails for the identified patient.</p>	From date of inspection

		<p>identified patient's care needs in accordance with the Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice.</p> <p><b>Ref – Sections 10.0 (criterion 19.1) &amp; 11.3</b></p>			
5	30 (1) (d & f)	<p>The registered person must give notice to the Regulation and Improvement Authority without delay of the occurrence of:</p> <ul style="list-style-type: none"> <li>• any event in the nursing home which adversely affects the wellbeing or safety of any patient</li> <li>• any accident in the nursing home</li> </ul> <p><b>Ref – Section 11.3</b></p>	One	All untoward events and accidents are reported to the RQIA in a timely manner.	From date of inspection

**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	26.1	<p>The Annual Quality Report should be further developed to include the analysis of the outcome of the annual patient satisfaction survey, and should provide detail of any subsequent action taken by the nursing home in response to any learning outcomes.</p> <p><b>Ref – Follow up on previous issue (Section 9.0)</b></p>	Two	<p>A new patient satisfaction questionnaire has been sent out. Analysis of the outcome and subsequent actions to be taken will be included when information received.</p>	31 January 2015
2	32.8	<p>It is recommended that the 'Safe use of bed rail policy' is further developed to state the safety checking procedures when bedrails are in use, and also confirm that the person(s) delegated responsibility of checking bed rails had been assessed as competent to do so.</p> <p><b>Ref – Follow up on previous issue (Section 9.0)</b></p>	Two	<p>Safety checking procedures are already in place. The persons responsible for checking bedrails have been assessed as competent to do so.</p>	Ongoing

3	26.1	<p>It is recommended the policy on quality assurance for the home includes information/arrangements for the Regulation 29 monthly monitoring reports and the completion of the annual quality report. Information should also be detailed that these reports are available in the home and patients and/or their representatives may read the reports if they so wish.</p> <p><b>Ref – Follow up on previous issue (Section 9.0)</b></p>	Three	<p>Information and/or arrangements for the Regulation 29 Monthly Monitoring Reports and the completion of the Annual Quality Report is included in the Homes Policy on Quality Assurance, detailing that these reports are available to be read by the patient and/or their representatives. The Registered Provider's Reports are held in Matron's office. This information is also displayed on Visitors Notice Board.</p>	31 December 2014
4	19.2	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• evidence based guidelines in relation to bowel/ bladder care are are sourced and made available to staff</li> <li>• that policies / procedures in relation to continence / incontinence management include stoma and catheter care and are further developed /reviewed to include evidence based references and the date of implementation and planned review</li> </ul>	One	<p>Guidelines in place in relation to bowel/bladder care have been sourced from British Bowel/Bladder Foundation. Policies and Procedures have been updated in relation to continence/incontinence management to include stoma catheter care and are evidence based. Date of drawing up review included. Induction records now include bowel/bladder care and competencies evidenced by</p>	31 January 2015

		<ul style="list-style-type: none"> <li>• induction records evidence competencies assessed in relation to bowel / bladder care</li> <li>• regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care</li> </ul> <p><b>Ref – Section 10.0, (criterion 19.2)</b></p>		Registered Manager. Documented audits are now in place on the management of incontinence with findings and actions included.	
5	19.4	<p>It is recommended that all registered nurses receive an update on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved</p> <p><b>Ref – Section 10.0, (criterion 19.4)</b></p>	One	<p>Catheterisation Training for Registered Nurses has been organised through Belfast Trust Nursing Home Support Team for male/female and supra-pubic catheters. Ulster Hospital Stoma Nurse is providing Stoma Training.</p>	31 March 2015
6	25	<p>It is recommended that the registered manager reviews the arrangements in place to ensure robust monitoring of night time practices</p> <p><b>Ref – Section 11.7</b></p>	One	<p>Monthly night time visits are being carried out by the Registered Manager and Registered Provider.</p>	Confirm when returning QIP

7	28.4 & 13	<p>It is recommended that the registered manager addresses the issues identified by staff in relation to:</p> <ul style="list-style-type: none"> <li>• staff training on Human Rights and management or use of restraint</li> <li>• the arrangements in place for individual interactions with patients</li> </ul> <p><b>Ref - Section 11.9</b></p>	One	<p>Staff training for staff on Human Rights and Management/use of restraint has been organised. Staff have been advised that whilst assisting residents with daily activities of living they can chat and interact with patients. We have also started doing life stories.</p>	Confirm when returning QIP
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mrs Jean Murphy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Alan Stephens

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Loretto Fegan	16/01/15
Further information requested from provider			