



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 25 April 2019



## Glenmachan Tower House

**Type of Service: Nursing Home**  
**Address: 13 Glenmachan Road Belfast BT4 2NL**  
**Tel No: 02890 763441**  
**Inspector: Heather Sleator**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 39 patients.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Church of God - Glenmachan<br><br><b>Responsible Individual:</b><br>Dr Albert Alan Stevens  | <b>Registered Manager and date registered:</b><br>Helen Jane Murphy<br>1 April 2005             |
| <b>Person in charge at the time of inspection:</b><br><br>Helen Jane (Jean) Murphy  | <b>Number of registered places:</b><br>39   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH (E) - Physical disability other than sensory impairment – over 65 years.<br>TI – Terminally ill. | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>33 |

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 09.15 hours to 17.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was generally safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals, for example; the dentist, as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that patients were offered choice within the daily routine, that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

There were stable and well established management arrangements with systems in place to provide the management with oversight of the services delivered.

Areas requiring improvement were identified regarding fire safety, the control of substances hazardous to health, the patients dining experience, the serving of beverages and snacks, consistency in recording patients' nutritional and fluid intake and a consistent approach to quality auditing and monitoring.

Patients described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 6         |

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

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 31 March 2019.

The most recent inspection of the home was an unannounced finance inspection undertaken on 31 March 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 April to 25 April 2019
- 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
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of visits by the registered provider/monthly monitoring reports for January, February and March 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 last care inspection dated 6 August 2018

| Areas for improvement from the last care inspection   |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005                   |  | Validation of compliance |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p>       | <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>There was no evidence during the inspection of the previous identified practice regarding the use of black plastic bags. In discussion with staff it was confirmed that this practice had ceased.</p>                                 | <b>Met</b>               |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>        | <p>The registered persons must ensure that individualised, patient care plans based upon the pre admission assessment are available from day one of an admission. The care plans should be further developed and enhanced in the following five days post admission.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The review of three patients' care records evidenced that a checklist had been put in place to guide staff regarding the required information.</p> | <b>Met</b>               |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> | <p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> <li>All patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multi-professional care team.</li> </ul> <p>The delivery of care complies with the recommendations of the multi-professional</p>   | <b>Met</b>               |

|   |  |            |
|---|--|------------|
|   | <p>team and relevant care plans at all times.</p> <ul style="list-style-type: none"> <li>Any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale.</li> </ul>                    |            |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (2) (a)(b)</p> <p><b>Stated:</b> First time</p>   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of wound care management in one patient's care record evidenced that the management of and recording regarding wound care was in accordance with clinical guidelines.</p> | <b>Met</b> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of three patients' care records evidenced that the type of pressure relieving mattress and the prescribed settings were recorded within the relevant care plan/s.</p>  |  |            |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that the existing management arrangements are reviewed and that the hours worked by the registered manager are sufficient to ensure the smooth running and wider governance needs of the home.</p>               | <b>Met</b> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager stated that there is now a full complement of registered nurses employed and that a management decision had been taken to reduce the maximum number of patients accommodated to 35 for the foreseeable future. The registered manager stated that she will occasionally provide nursing hours for short term illness or to cover annual leave.</p> |  |            |

|  |   |  |
|--|---|--|
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>           | <p>The registered person shall ensure that prescribed medicines are securely stored at all times in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>                 This was discussed with the registered manager who stated the issue related to a patient’s medicine sitting on the office desk. The registered manager stated that all registered nurses had been made aware of the importance of adhering to the safe administration and storage of medicines. No issues were identified during this inspection with the storage of medicines.</p> | <p><b>Met</b></p>                      |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 18 (2)(n)(i)(ii)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients and records of same are appropriately maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>                 Care staff coordinate the activities programme in the afternoon. The review of records evidenced that staff were recording the activities which took place. The registered manager stated that they had advertised for an activities coordinator however they had not recruited to the post, as yet.</p>  | <p><b>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 5</p> <p><b>Stated:</b> Second time</p>                 | <p>The registered person shall ensure that ‘net pants, tights, socks and stockings’ are not used communally but individually labelled for any patient requiring their use.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b><br/>                 There was no evidence of the use of communal clothing during the inspection. Notices were displayed to inform relatives of where to purchase clothing labels to reduce the loss of any patient’s clothing.</p>   | <p><b>Met</b></p>                      |



|   |   |            |
|---|---|------------|
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 41<br><b>Stated:</b> First time | The registered person must ensure that a minimum skill mix of at least 35 per cent registered nurses and up to 65 per cent care assistants is maintained over 24 hours to meet the dependency and assessed need of all patients in the home.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>The registered manager stated that they had successfully recruited to the registered nurse vacancies and had also reduced the number of patients being accommodated to 35 to ensure the skill mix of staff remains constant. |            |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 4<br><b>Stated:</b> First time  | The registered person shall ensure that patients' care records must only contain the current and live assessment/plan of care for the identified area of need.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>The review of three patients' care records evidenced that only current information regarding the wellbeing of the individual was present.  |            |

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager explained that all staff working in the home were sufficiently qualified, competent and experienced and can meet the assessed needs of the patients. A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 1 April to 25 April 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. Care staff provide the activities in the afternoon and evenings due to the activities coordinator's post being vacant. A patient commented, "There's activities in the afternoon, care staff do them, there was a male voice choir last night and they were very good."

There were two satisfaction questionnaires from patients which were completed at the time of the inspection. Patients expressed their satisfaction with the staff and staffing arrangements and commented, "I would recommend this home to anyone, the care is very good." In discussion with patients during the inspection, comments included: "I think there's enough staff, I never have to wait long."

Two questionnaires were returned from relatives and indicated their satisfaction with staff and the home, commenting, "Staff always very caring to all patients."

We reviewed the competency and capability assessments for nurses in charge of the home in the absence of the registered manager; however, the records did not evidence that they had been reviewed with the staff member to verify there had been no change in the individuals' competency. This has been identified as an area for improvement. .

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. A record of one completed induction programme was reviewed.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision. In discussion with care staff they confirmed they were aware of the training requirements to retain their registration with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. A new online training programme had recently been introduced with some staff still hesitant about computerised training. The review of the training information indicated that the registered nurses had a number of training modules to complete. In discussion with the manager it was stated that staff had been given a completion date of 31 May 2019 to complete the 10 identified core mandatory training modules. This will be monitored by the manager to ensure all the modules had been completed.

The manager advised that the use of restrictive practices included close circuit television (CCTV) at the nurses' station and corridors, pressure/alarm mats and the use of bedrails. Assessment information was present to evidence that the use of bedrails and pressure/alarm mats had been appropriately assessed. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required. Notices were displayed in the home to advise of the use of CCTV.

Discussion with staff and inspection of records confirmed that staff had a good understanding of recognising and protecting patients from abuse. Staff were also aware of their responsibility in relation to raising awareness or concerns about poor practice and whistleblowing. The review of records evidenced that referrals were made appropriately to the relevant health and social care trust. The manager was the safeguarding champion for the home and had completed the required training.

An inspection of the environment evidenced that the home was clean, well maintained and that furniture, aids and appliances were in good condition. The flooring in some areas of the home evidenced significant wear and tear. The review of the monthly quality monitoring report by the

responsible individual, Dr Stevens, evidenced that this had been identified as an area for action. A garden area was available for patients to enjoy with decking and garden furniture. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

Fire safety precautions were inspected and we observed that fire exits were unobstructed. However, it was observed that the door to the laundry, which is located on a bedroom corridor, was open. The door was a designated fire door and should have either been closed or had an automatic closure device in place. The practice of leaving this door open must cease and this has been identified as an area for improvement under regulation. The fire safety records evidenced that there had been a number of fire drills and staff’s attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

The procedures regarding the control of substances hazardous to health (COSHH) were not being adhered to. The laundry and a sluice room were unlocked and accessible to patients, and cleaning agents were observed in both of these areas. This has also been identified as an area for improvement under regulation.

Patients spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. Patients commented:

- “I get everything I need.”
- “It’s very, very good here, good fellowship, it’s just great.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff arrangements, training, supervision and appraisal, adult safeguarding, risk management and the home’s environment.

**Areas for improvement**

Areas for improvement were identified regarding the review and revalidation of the competency and capability assessment for the person in charge of the home in the absence of the registered manager, the control of substances hazardous to health, and fire safety.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 1         |

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

A review of three patients’ care records included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the individual.

Care needs assessment and risk assessments, including falls, wound care management, and moving and handling were reviewed and updated on a regular basis or as changes occurred. We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for. The review of wound care treatment evidenced that best practice was being adhered to. However, wound care audits were not being undertaken consistently and a link nurse for the management and oversight of wound care management had not been identified. This was discussed with the registered manager and has been identified as an area for improvement.

Staff confirmed that there was a handover meeting at the commencement of each shift which they found helpful. Care staff have the responsibility of recording patients personal care needs on a daily basis, including nutritional intake, fluid intake, repositioning records and any personal care undertaken. The review of patients' food and fluid intake records did not evidence a consistent approach by staff as there were 'gaps' in the recording. This was discussed with the manager and has been identified as an area for improvement.

The manager confirmed that systems were in place to ensure effective communication with patients and their representatives. These included pre-admission information, multi-professional team reviews, patients' meetings and staff meetings. The minutes of the most recent patients' meeting of 8 April 2019 was reviewed and aspects including, for example, activities, meals, care plans and staffing arrangements were discussed. The minutes of the meetings are displayed for the patients to view. The staff and a patient's representative confirmed that management operated an "open door" policy in regard to communication within the home.

There were numerous notice boards throughout the home providing service users, relatives and staff with information regarding activities, photographs of activities and events, and policy guidance.

Patients spoken with commented:

- "I like it here; everyone is very friendly and chatty."
- "I needed to see a dentist a while ago and they got one for me right away."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, and communication between patients, staff and patients representatives'.

### Areas for improvement

Areas for improvement were identified regarding the need for care staff to be consistent when recording the personal care needs of patients and identifying a link nurse for the oversight of wound care management in the home.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

## 6.5 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.**

We arrived in the home at 09:40 and were met immediately by staff who offered us assistance. Patients were present in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of patients. Discussion with patients, staff and observation of practice evidenced that patients were treated with dignity and respect while staff promoted and maintained their independence. Patients stated that they were asked their opinion regarding what they like to do and that staff were approachable and listened to them. Patients commented, "I get everything I need" and "Sometimes have to wait a wee while for staff to come but generally not too bad."

Patients spoke about the range of activities they enjoyed taking part in, including the garden, music activities, arts and craft, church services and reminiscence. Discussion with patients and staff along with observation of care practice and social interactions demonstrated that patients were treated with dignity and respect. A patient commented, "There's activities in the afternoon, care staff do them, there was a male voice choir last night and they were very good."

Discussion with staff and patients and observation of practice confirmed that patients' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of patients were sought and taken into account in all matters affecting them; for example, patients' meetings, satisfaction surveys, annual reviews and monthly monitoring visits undertaken by the registered provider.

We observed the serving of the midday meal and spoke with patients regarding the quality of the meals provided. There were two sittings for the midday meal; staff explained that this was to afford patients, who required assistance with their meals, sufficient time. Staff were attentive to patients and there was a calm and relaxed atmosphere throughout the serving. However, the presentation of the dining tables and crockery used was poor. There was a lack of condiments, napkins, identifiable place settings and crockery which was helpful to patients with a visual impairment or dexterity. The dining experience should be as pleasurable as possible; this was discussed with the manager and has been identified as an area for improvement. Patients were happy with the quality of meals provided and commented, "The food is tasty, so much so I've put on weight" and "I have a special diet and sometimes the food is a bit bland but they try very hard."

We also observed the serving of the mid-morning tea. Whilst patients had a choice of what they would like, the serving of the mid-morning beverage and snack was poor. Greater attention to detail is needed as side plates and/or napkins were not used and tea/coffee was served in a cup with no saucer. This was discussed with the manager and has been identified as an area for improvement. .

There were numerous thank you cards displayed around the home and comments included:

- “Every member of staff in Glenmachan were great. I knew this from the first day that I viewed your lovely home and that it was the right place for my relative.” December 2018
- “During that time my (relative) received the best of care in difficult circumstances, your nursing skills and compassion shone through.” September 2018

Patients spoken with during the inspection made the following comments:

- “There’s a good menu and we get a choice.”
- “I never go to bed hungry.”
- “Staff are kind and helpful.”
- “Staff are kept very busy.”
- “Very nice here.”
- “Staff are very pleasant.”
- “Absolutely wonderful.”
- “It’s very good here, I’m quite content.”
- “I enjoy my food, no doubt about it.”

Patients’ representatives commented:

- “Staff are always very welcoming and friendly every time I come.”
- “Staff always very caring to all patients. Also very approachable to relatives. Very happy with the home.”
- “All the family are very happy with the care given to my (relative) and everyone is very caring.”

Staff commented:

- “It’s a home from home.”
- “Doesn’t feel like a nursing home, just a big family.”
- “It’s the atmosphere in here that makes it work so well.”

There were no completed questionnaires returned to RQIA within the specified timescale from patients, patients’ representatives or staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing patients and/or their representatives and taking account of their views.

### Areas for improvement

Areas for improvement were identified under the care standards regarding the patients’ dining experience and the serving of beverages and snacks during the day.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

## 6.6 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.**

The registered manager, Jean Murphy, facilitated the inspection and demonstrated very good understanding of The Nursing Home Regulations (Northern Ireland) 2005 DHSSPS care standards and the systems and process in place for the daily management of the home. The manager had been registered with RQIA from 2005. The manager stated that she was well supported by Dr Stevens, responsible person, and that she was also supported in her role by a deputy manager and an administrator. A review of the duty rota evidenced that the manager's hours could be more clearly recorded to differentiate between management and nursing hours. The manager agreed to do this from now on. Patients and staff reported that the manager was very approachable and available to speak to.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The manager confirmed that the responsible person was kept informed regarding the day to day running of the home through monthly monitoring visits, emails and phone calls. Records of the past three monthly reports were reviewed; the reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans, and qualitatively reflected patients and staff views and opinions. Reports were produced and made available for patients, their representatives, staff, trust representatives and RQIA.

Governance systems were in place to monitor the quality of nursing care and the services provided by the home. A range of quality audits was in place; however, on review there was a lack of consistency in the timescale for completing the audits, specifically in relation to wound care, infection prevention and control and patient care records. This was discussed with the manager and has been identified as an area for improvement.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of meetings, the patients guide and information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

Discussion with staff and the manager confirmed that there were effective working relationships both internally and externally. The home had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff confirmed that there were good working relationships within the home and that the manager was always responsive to suggestions and/or concerns raised. Comments received from patients included:

- “The manager always listens to you.”
- “The manager is very helpful, goes out of her way to help.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

**Areas for improvement**

An area for improvement was identified during the inspection regarding implementing a consistent approach to the completion of the quality audits.

|  | 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 Jean Murphy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

**7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

**7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 28 (4) (b)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>Immediately                       | <p>The registered person shall ensure that designated fire doors are kept closed at all times or have an automatic closure device fitted which is linked into the fire alarm system.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           There is now a keypad on the laundry room door and the sluice room door.</p>   |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 27 (1) (t)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>Immediately                       | <p>The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           All staff are aware of the control of substances and storage requirements</p>   |
| <b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b> |   |
| <b>Area for improvement 1</b><br><b>Ref:</b> Standard 41.7<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>1 June 2019                               | <p>The registered person shall ensure that there is a competent and capable nurse in charge of the home at all times and that competency assessments are regularly reviewed and are current.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           There is a competent and capable Nurse in charge of the Home at all times and all competencies assessments are up to date</p>            |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 23<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>1 July 2019                                 | <p>The registered person shall ensure that a link nurse is identified in respect of wound care management is identified and that this registered nurse has completed the necessary training regarding wound care management.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>           A link Nurse has been identified in respect of all wound care management and training being arranged</p> |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.5 and 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 June 2019</p> | <p>The registered person shall ensure that staff are made aware of the importance of consistent recording in respect of patients' daily nutritional and fluid intake. Records should be monitored by the nurse in charge.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>All staff have been updated and are aware of the importance of accurate documentation</p>  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 July 2019</p>       | <p>The registered person shall ensure that the patients' dining experience is enhanced and that dining tables provide napkins, condiments, place settings and appropriate crockery for the needs of the patients.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>We have purchased table cloths, place settings, crockery and flowers for the table. The tables are set prior to meals with all the necessary condiments, napkins, etc.</p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 June 2019</p>          | <p>The registered person shall ensure that the serving of beverages and snacks to patients is undertaken in a manner that promotes the dignity and choice of patients.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>All staff have been made aware of the importance of serving beverages and snacks in a dignified manner.</p>   |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 June 2019</p>        | <p>The registered person shall ensure that a consistent and timely approach to the quality monitoring (audits) of the quality of nursing and services provided by the home is established.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>There is a new deputy manager in post so all audits on the quality of nursing and services will in future be up to date</p>   |

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



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