



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 27 February 2020



Glenmachan Tower House

Type of Service: Nursing Home
Address: 13 Glenmachan Road, Belfast, BT4 2NL
Tel No: 028 9076 3441
Inspector: Caroline Rix

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

Organisation/Registered Provider: Church of God – Glenmachan Responsible Individual: Dr Albert Alan Stephens	Registered Manager and date registered: Helen Jane Murphy 1 April 2005
Person in charge at the time of inspection: Helen Jane (Jean) Murphy	Number of registered places: 39
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced inspection took place on 27 February 2020 from 09.30 hours to 15.55 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Glenmachan Tower House which provides nursing care.

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.

Areas for improvement in respect of previous finance inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients' in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

An area requiring improvement was identified in relation to their policies and procedures on adult safeguarding and restraint to be reviewed.

Patients described living in the home as being a good experience. Patients 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 professionals 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Jean Murphy, 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 25 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 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 finance issues, registration information, and any other written or verbal information received.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. Five patient/relatives' questionnaires were returned to RQIA prior to the issuing of this report. Feedback indicated that they were all 'very satisfied' that the care was safe, effective, and compassionate and the service was well led. Some comments noted as follows:

- Very happy with the care of my relative at Glenmachan. He is respected and treated kindly.”
- While there are two day rooms, residents are not actively asked whether they would like to be in the TV room (very loud) or a quiet room. It would be worth trailing this as some resident's find the TV unsettling.”
- Staff adjusts meals for those with specific needs which is very good.”

This feedback from surveys was shared with the manager following the inspection for consideration.

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views. No responses were received within the relevant timescales.

The following records were examined during the inspection:

- duty rota for all staff from 24 February to 8 March 2020
- 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
- two patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports for December 2019 and January 2020
- 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 28 (4) (b) Stated: First time	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. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspector confirmed that fire doors into designated rooms have been fitted with key pad locks. These were observed to be locked when not occupied by staff at the time of inspection.	
Area for improvement 2 Ref: Regulation 27 (1) (t) Stated: First time	The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspector confirmed all staff had received update training on the control of substances hazardous to health. The inspector found chemicals and cleaning solutions were stored securely and not left unattended at the time of inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41.7 Stated: First time	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. Ref: 6.3	Met

	<p>Action taken as confirmed during the inspection: The inspector confirmed that competency assessments had been reviewed for all staff in charge of the home and is part of their regular appraisal process.</p>	
<p>Area for improvement 2 Ref: Standard 23 Stated: First time</p>	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that a link nurse has been identified and training in wound care management completed.</p>	
<p>Area for improvement 3 Ref: Standard 12.5 and 27 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that communications with staff had included restating their responsibility for accurate record keeping. A system is in place to monitor the patients' daily nutritional and fluids intake records and subsequent actions to be taken by the nurse in charge.</p>	
<p>Area for improvement 4 Ref: Standard 12.16 Stated: First time</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>	Met

	<p>Action taken as confirmed during the inspection: The inspector confirmed that the dining room environment had been improved, with tables well presented, with napkins, appropriate cutlery and condiments in place and small pots of flowers (artificial) on each table.</p>	
<p>Area for improvement 5 Ref: Standard 12 Stated: First time</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>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that the mid-afternoon serving of drinks and snacks to patients offered them a variety of choices and promoted their independence as far as possible in a sensitive manner.</p>	
<p>Area for improvement 6 Ref: Standard 35.6 Stated: First time</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 are established.</p> <p>Ref: 6.6</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed evidence that quality monitoring audits of the quality of nursing and services provided were being carried out consistently and in line with best practice.</p>	

Areas for improvement from the last Finance inspection

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time</p>	<p>The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms.</p> <p>Ref: 6.5</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector evidenced that a record is made of the furniture and personal possessions that each patient has brought to their rooms.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 14.13 Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.5</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector evidenced the home signs the treatment record or receipt to verify each treatment or goods provided and the associated cost to each patient.</p>	
<p>Area for improvement 2 Ref: Standard 14.10 Stated: First time</p>	<p>The registered person shall ensure that a standard financial ledger format is used to record comfort fund transactions.</p> <p>Ref: 6.5</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector evidenced that a standard financial ledger format is being used to record comfort fund transactions.</p>	
<p>Area for improvement 3 Ref: Standard 14.31 Stated: First time</p>	<p>The registered person shall ensure that comfort fund monies are held separately from patients' personal monies, ideally in a designated bank account. A reconciliation of the bank accounts managed on behalf of patients should be carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced that comfort fund monies are now held in a designated bank account. A reconciliation of the bank accounts managed on behalf of patients has been carried out on a monthly timescale. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 14.30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced a policy and procedure is in place addressing the aims and objectives of the comfort fund. Guidance for staff had been provided on the ethos and operation of the fund. The policy and procedure includes reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund. The manager confirmed their next relative's forum meeting is scheduled March 2020 and this is an agenda item for discussion.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the generic patient agreement details the weekly fee, the person(s) by whom the fees are payable and the method(s) of payment. Any nursing contribution payable and/or any third party top up payment should be clearly detailed on patients' agreements.</p> <p>Ref: 6.7</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector evidenced that the generic patient agreement details the weekly fee, the person(s) by whom the fees are payable and the method(s) of payment. Any nursing contribution payable and/or any third party top up payment were clearly detailed on patients' agreements.</p>	
<p>Area for improvement 6 Ref: Standard 2.7 Stated: First time</p>	<p>The registered person shall ensure that each patient agreement is consistent with the regulatory framework in respect of the period of notice for the introduction of new charges.</p> <p>A minimum of four weeks' notice is given for the introduction of new charges, together with a statement setting out the rationale for such an increase.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The inspector evidenced that each patient agreement is consistent with the regulatory framework in respect of the period of notice for the introduction of new charges. The minimum of four weeks' notice is given for the introduction of new charges, together with a statement setting out the rationale for such an increase.</p>	Met
<p>Area for improvement 7 Ref: Standard 14.6 Stated: First time</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The inspector evidenced that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p>	Met

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 manager confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; all responses indicated that there was enough staff to help them.

Staff commented:

- "It would be nice to have two days off together and a full weekend off more often."

This feedback was discussed with the manager, who indicated that the recent appointment of new staff should help to address this matter.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home's duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they are in the process of recruiting staff, with one nurse and four care assistants recently appointed and one vacant nurse position to fill. The manager stated that agency staff were used for a number of shifts per week to ensure the required staffing levels are maintained. Agency staff shifts are blocked booked and this ensures continuity of staff who are familiar with the patients' needs.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector identified that all senior staff had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The training of all care staff to level 2 in this subject has also been completed.

A review of the home’s environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients’ needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients’ care needs and any changes to these. Staff spoken with were knowledgeable about the patients’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients’ needs had changed.

Discussions with staff, patients and relatives, along with the inspector’s observations demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients’ personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

There was evidence of referrals having been made to relevant health care professionals, such as the Crest wound care team, dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from the Crest nurse, dietician and SALT that were regularly reviewed.

The inspector spoke with a member of the Belfast Health and Social Care Trust's Crest wound care team during inspection, who confirmed the nursing staff are well informed and knowledgeable in relation to their patients care and in particular their wound care management and the staff maintain very good communications with her team.

Feedback from patients and a relative included the following comments:

- "I like it here, this is a great home."
- "I couldn't be happier with all the care I get; the staff are wonderful to us."
- "We are very happy with the care provided. The care and attention is very good, the nurses are on the ball and keep the family updated with any changes or problems. We visit every day and are always welcomed."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments included:

- "The care is good. I really like working here. Our residents' choices are respected."
- "Team work here is good. I find the job rewarding, especially in the mornings helping each resident get washed, choosing what clothes to wear and helping them down for breakfast. We get lots of training to be able to do our job."
- "It can be very busy sometimes, especially when visitors are in the dining room at mealtimes, there isn't much room for everyone."

The inspector observed the serving of lunch in the dining room, which has two sittings. The patients' menu choices were displayed on noticeboards and had been sought in advance and recorded by care staff. The catering staff described the communication with patients, staff and the kitchen as effective, they have patients who have different meal requests each day to be prepared. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. Some patients commented:

- “The food is excellent, we get too much sometimes but I don’t have a big appetite.”
- “They know exactly what food I like to eat as I need a special diet.”

A relative commented:

- “The food is very good, my relative doesn’t like gravy, so they prepare white sauce or cheese sauce for her instead, and these little touches are wonderful.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-afternoon, patients were offered a range of hot and cold beverages and a selection of snacks and biscuits.

The inspector discussed the feedback regarding space in the dining room at the serving area being limited with the manager who agreed to review this matter.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The inspector spoke with three patients about their experience of living in Glenmachan Tower House Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am happy living here; my family visit regularly.”
- “Living here is good; the staff are lovely and caring.”
- “I love it here; my own room is very comfortable. I like to keep myself busy; some of us are knitting squares for the church charity blankets.”

Relatives spoken with during the inspection commented:

- “The home is good and xxx gets all the help and care she needs.”
- “The staff are very gentle and caring. I visit every day and see how well they know mother and her wee ways. Never had any problems, family could speak to any of the nurses or the manager if we ever had any problems and am sure it would be sorted out immediately.”
- “My relative is happy so then I am happy.”
- “The care here is good. This is such a good home, always clean and warm with no bad smells.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments had been received by the home which included:

- “Thank you for all the kindness and care shown to our relative.”
- “To all my friends in Glenmachan, thank you for all your care and kindness towards myself and my family over the last few months.”
- “Our sincere thanks to all at Glenmachan. As a family we are so thankful that you helped dad to settle in after so long caring for him at home. Your staff helped him feel at home very quickly. Although he was a quiet man, he really did appreciate all that you did for him.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There have been no changes in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect 1 December 2019 in Northern Ireland. This is an area for improvement identified during inspection.

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding in the last year. Any adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately, with all now resolved.

Monthly quality monitoring reports were reviewed for December 2019 and January 2020. These reports had been completed by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

The inspector discussed the need for this report template to be updated to include a section or prompt regarding Deprivation of Liberty Safeguarding decisions in place for patients to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good here; the training is good and the nurses and manager are very approachable.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager.”
- “I would definitely report any concerns as some residents can’t speak for themselves.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to the policies and procedures on adult safeguarding and restraint. These are to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

	Regulations	Standards
Total number of areas for improvement	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, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 36 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2020</p>	<p>The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: We now have a policy on Deprivation of Liberty</p>

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



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