

# Unannounced Care Inspection Report

## 18 August 2016



## Greenville Manor

**Type of Service: Nursing Home**

**Address: 192 Newtownbreda Road, Belfast, BT8 6QB**

**Tel No: 028 9064 4277**

**Inspectors: Heather Sleator and Kieran Murray**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Greerville Manor Nursing Home took place on 18 August 2016 from 09:30 to 18:00.

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

### Is care safe?

Weaknesses were identified in the delivery of safe care, specifically in relation to the recruitment and selection procedures, staff supervision and appraisal systems, the monitoring of the registration of staff with their professional bodies and infection prevention and control procedures. These deficits have led to a reduction in positive outcomes for patients. Three requirements and one recommendation have been stated to secure compliance and drive improvement. One recommendation regarding the refurbishment of shower facilities in Millbrook unit had not been met and this recommendation has been stated for a second time.

### Is care effective?

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning, the use of restrictive practice and the dining experience for patients. One requirement and two recommendations have been made in this domain.

### Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. A small number of negative comments were made by patients and staff during the inspection and these should be investigated by management and actioned as required.

### Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. However, requirements and recommendations have been stated in the domain's relating to the safe and effective care, as detailed within sections 4.3 and 4.4.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	4*

\* Recommendation stated for the second time

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ricardo Papa, 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 17 and 18 December 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Mr. Ricardo Papa
<b>Person in charge of the home at the time of inspection:</b> Ricardo Papa	<b>Date manager registered:</b> 4 September 2012
<b>Categories of care:</b> NH-A, NH-MP, NH-MP(E), NH-DE	<b>Number of registered places:</b> 60

## 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with 20 patients, six staff, five registered nurses and two relatives.

Questionnaires for patients (10), relatives (8) and staff (10) to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

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

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- seven patient care records

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 17 – 18 December 2015

The most recent inspection of the Greenville Manor was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider, as recorded in the QIP will be validated at the next care inspection

##### 4.2 Review of requirements and recommendations from the last care inspection dated 17 - 18 December 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 12 (1) and (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 8 February 2016	The registered person is required to ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of the midday meal in Dixon unit evidenced that the approach to mealtimes was conducive to the needs of the patients and had improved.  However, a recommendation has been made in the quality improvement plan (QIP) of this report regarding mealtime arrangements in Millbrook and Belvoir units.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> Second time  <b>To be Completed by:</b> 11 January 2016	<p>A consistent approach should be in evidence to the recording and monitoring of patients' bowel patterns. The progress recording in patients care records should reference the use of the Bristol Stool chart.</p> <p><b>Action taken as confirmed during the inspection:</b>  This recommendation had previously been made in relation to Dixon unit. The review of four patient care records and the supplementary care records in Dixon unit confirmed that care staff were recording patients bowel function and there was evidence that registered nurses were reviewing and monitoring the information recorded by care staff and taking appropriate action, where required.</p>	Met
<b>Recommendation 2</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 January 2016	<p>Greater attention should be given to the personal care afforded to patients. A high standard of personal care is the responsibility of all staff. Management should implement a system to monitor the personal care needs of patients.</p> <p><b>Action taken as confirmed during the inspection:</b>  This recommendation had previously been made in relation to Dixon unit. Patients were observed to be well groomed and it was evident that staff afforded patients a good standard of personal care.</p>	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time  <b>To be Completed by:</b> 8 February 2016	<p>The manager should contact the care manager/s in the relevant healthcare Trust where difficulty is being experienced obtaining the patients personal allowance so as to ensure personal care needs are met.</p> <p><b>Action taken as confirmed during the inspection:</b>  The registered manager stated he had discussed the issue of patient's personal finance with the relevant care managers from the health and social care trust. The registered manager stated the issue/s had been resolved.</p>	Met

<b>Recommendation 4</b>  <b>Ref:</b> Standard 44.12  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 January 2016	RQIA is to be informed, in writing, of the action to be taken and timescale for completion, for the repair/refurbishment of the shower facilities in Millbrook suite.  <b>Action taken as confirmed during the inspection:</b> The review of the shower facilities and discussion with the registered manager confirmed that the facilities had not been repaired and were not in use.	<b>Not Met</b>

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 8 August 2016 to 21 August 2016, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels.

A review of three personnel files evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. The exception was in relation to the completion of the application form. The review of two application forms did not evidence that the applicants employment history and reason for leaving their previous positions, was detailed. This was discussed with the registered manager who stated the application forms are sent to the home from head office. It is the registered manager's responsibility to ensure that any staff member working in the home has had all relevant recruitment and selection requirements met. A requirement has been made.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records of three staff members were reviewed and found to be completed in full and dated and signed appropriately. The registered manager had signed the induction records to validate the satisfactory completion of the induction of the staff members

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). The review of the arrangements for monitoring the registration status of care staff with Northern Ireland Social Care Council (NISCC) was not as robust and the registration status of seven care staff was unclear. The registered manager was advised to clarify the registration status with NISCC immediately. A recommendation has been made that a robust system to monitor the registration status of care staff with NISCC is established.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, 82 percent compliance had already been achieved in infection prevention and control procedures and 80 percent in respect of adult safeguarding; an overall compliance level with mandatory training was 63 percent. The registered manager stated that the overall compliance level was not as high as expected as staff are listed to complete training that was not their responsibility, for example, care staff are not required to complete medicines management training. The registered manager was advised to discuss this area with the regional manager who has responsibility for the home.

Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The registered manager confirmed that staff also attend a range of other training areas provided by the local health and social care trust.

Staff confirmed that they received an annual appraisal and regular supervision. However, the review of documentation evidenced that supervision was on a 'group' basis and there was no evidence to verify one to one staff supervision took place. A requirement has been made that the registered manager establishes a system to evidence that staffs annual appraisal and supervision is completed in a systematic manner. The registered manager should develop a supervision and appraisal planner to assist with this process.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

However, we observed a number of patients in Dixon unit sitting in specialised seating which was in the 'recline' or 'tilt' position. The patients remained in the reclined position whilst being assisted by staff with their midday meal. The review of patient care records did not evidence that nursing staff had developed care plans regarding this therefore reclining patients in specialised seating may be viewed as a restrictive practice. Refer to section 4.4

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

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.



A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and clean throughout. Patient and staff spoken to were complimentary in respect of the home's environment. However, there were strong malodours from bathrooms in both Millbrook and Belvoir units. One bathroom was undergoing reconstruction at this time and another member of staff informed the inspector that the toilet areas were to be redesigned and urinals installed to help with eliminating existing odours. It is concerning that the repair/refurbishment to the shower rooms which was recommended at the previous inspection of 17 and 18 December 2015 still had not been completed and this recommendation has been stated for a second time in this report. The issue was also referred to the Estates Inspector (RQIA) who is aligned to the home.

We observed that an emergency pull cord directly above a bath in a bathroom within the Millbrook unit was broken and patients would not have been able to access it if needed. We also observed that there were no clinical waste bags in the disposal bins situated in bathrooms within Millbrook Unit thus resulting in wet hand towels, as observed, being carried across the unit for disposal. Shower chairs in both Millbrook and Belvoir units were extremely rusty and should be replaced. These practices were not in accordance with infection prevention and control guidelines and a requirement has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

A robust system must be established to ensure staff are in receipt of an annual appraisal and regular supervision.

Infection prevention and control procedures must be adhered to by staff. Staff must ensure that clinical waste is managed in accordance with procedures and any equipment used by patients is monitored to ensure compliance with infection and prevention compliance.

All information pertaining to the recruitment and selection of staff must be retained, in full, and in accordance with Regulation 21 Schedule 2, the Nursing Homes Regulations (Northern Ireland) 2005 in the staff members personnel file.

A robust system should be established to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations</b>	<b>1</b>
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### 4.4 Is care effective?

Review of seven patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care in accordance with NMC guidelines regarding records and record keeping, with some exceptions. We observed patients in Dixon unit sitting in specialised seating which was in the 'reclined' or 'tilted' position. Patients remained in the reclined position when being assisted with their midday meal.



The review of patients care records did not evidence that care plans were present which directed staff as to the degree of 'recline' or 'tilt' to be used and for how long. One patient's care record stated the patient should be upright i.e. not reclined when eating. Remaining in a reclined position when eating increased the risk of the patient choking. The care planning process must accurately reflect the needs of patients and provide staff with the necessary guidance and a requirement has been made. Information from the multidisciplinary team was either not included in care plans or was not specific i.e. the degree of 'tilt'. This could be perceived as restrictive practice by staff due to poor care planning. A recommendation has been made that staff receive training in the use of restrictive practice.

An incident notification had been sent to RQIA and the nature of the incident had been classified as 'misconduct'. On examining the patient's care records this was a behavioural issue of longstanding duration. Nursing staff had not put an appropriate care plan in place to deal with such a situation should this arise in the future.

The assessment tools used Millbrook and Belvoir Units did not reflect the mental health needs of this patient group. A more patient centred assessment tool to meet the mental health needs of patients would be beneficial. The registered manager stated the organisation was aware of the need to review care documentation to ensure the documentation reflected the needs of the specific client group. The registered manager stated that it was anticipated revised documentation, suitable for patients with mental health issues, will be made available for use in the near future.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to access of the records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. This had been changed recently where the nurse in charge attended the initial handover from night staff at 07:45am and the remaining staff on duty got a handover at 08:00am. The inspector spoke to both nursing and care staff and both groups were content with this new process.

Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Two patients expressed their confidence in raising concerns with the home's staff/management. Patients in the Millbrook Unit were aware of the name of the registered manager.

Following the review of the complaints record it was clear that when relatives raise concerns they are dealt with appropriately in a timely fashion. Examples of some concerns raised were in relation to laundry issues and meal choices.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held in Millbrook Unit but not in the other two Units. These appear to occur on an irregular basis. The registered manager stated the opinions of patients and representatives was sought on a daily/weekly basis following the implementation of the 'Quality of Life' (QoL) electronic quality assurance programme in the home. The programme is computerised and patients and representatives are surveyed on the quality of nursing and other services provided by the home. The information is collated and where a shortfall is evident the registered manager is notified and required to put an action plan in place.

We observed lunch being served in the Millbrook and Dixon units. Patients in Millbrook unit set the dining tables as the heated trolley was arriving. Nursing and support (care) staff were all present at this time. The patients were observed carrying both hot and cold drinks to their table as staff were delivering plated meals to the tables. Staff were asking loudly across the dining room which choice of main course patients wanted from the trolley. Care staff stated that patients were asked their meal preference and this record was then given to catering staff. However, staff stated that whilst patients had stated their meal choice earlier in the day staff did not have the menu record with them when serving the lunch. The registered manager should also inform staff that they should sit beside a patient if they are assisting the patient to eat their meal as a staff member was observed sitting on a 'coffee' table whilst assisting a patient with their meal. A recommendation has been made that the approach to mealtimes in Millbrook and Belvoir units should be reviewed to ensure a calm and systematic approach to mealtimes is established.

The mealtime was not an organised event. A recommendation has been made that the approach to mealtimes should be reviewed to ensure a systematic and calm approach to mealtimes is established.

We observed the serving of the midday meal in Dixon unit. Dining tables were attractively set and staff assisted patients with their meals in a calm and unhurried manner. Staff asked patients, at the point of serving, of their choice of main meal, this was good practice. However, despite asking staff if patients who required a modified diet were afforded a choice of meal, there was no definitive answer. The registered manager was advised to ensure that patients who required a modified diet were afforded a choice of meal. If a patient is unable to verbalise their choice staff may make the choice for them, based on their knowledge of individuals' food preferences

### **Areas for improvement**

Care records must accurately reflect the needs of patients. Nursing staff must reflect the specific directions of the multidisciplinary team in care plans, where applicable, and ensure all staff are aware of care interventions.

Nursing and car staff should undertake training/refresher training in the use of restrictive practice.

The approach to mealtimes in Millbrook and Belvoir units' mealtimes should be reviewed to ensure a systematic and calm approach to mealtimes is established.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>2</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

On this occasion the arrangements for the provision of activities was not assessed and will be reviewed at the next inspection.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home, as discussed in section 4.4. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Greenville Manor was a happy experience.

Comments include:

'The staff are good.'

'The food is good.'

'Family can visit anytime.'

'Any of the staff I could talk to.'

We met with two relatives who expressed their satisfaction with the care afforded by staff to their relatives.

Comment included:

'Staff are brilliant.'

'Staff look after my (relative) very well.'

'This home has kept me sane, staff are so good.'

#### Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report 10 staff, one relative and four patients returned their questionnaires within the specified timeframe.

Staff commented that they felt Millbrook unit needed decorating and hoped that murals would be painted on the walls. Staff also commented on the malodour, from poor drainage, in Millbrook unit.

Three patients responded and comments included:

'I have to stay here and I don't get a choice.'

'Have to stay here and staff have keys to the doors.'

The registered manager is advised to review the comments made by patients regarding patients being treated with dignity and respect and being involved in decisions affecting their care.

### Areas for improvement

There were no areas for improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients knew the staff in the home and whom they should speak to if they had a concern.

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

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in December 2015 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, care records, infection prevention and control, environment, complaints and incidents/ accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice. The organisations governance arrangements include a range of other audits to be completed as well as the audits listed above. For example, the registered manager completes, on a monthly basis, audits in relation to housekeeping, the use of bed rails and a health and safety walk around audit.

On a daily basis the registered manager completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

Discussion with the registered manager and review of records for May, June and July 2016 evidenced that Regulation 29 monthly quality monitoring visits were completed by the regional manager, in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement have been identified in the sections discussing the delivery of safe and effective care. The requirements and recommendations made as a result of the inspection, when addressed, will further enhance the overall quality of nursing and other services provided by the home.

### Areas for improvement

Four requirements and three recommendations have been made across the domains of safe and effective care. One recommendation has been stated for the second time. Management processes and governance arrangements requires development to further secure compliance and drive improvements

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ricardo Papa, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (i) and (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2016	<p>The registered provider must ensure systems are established to evidence that staff are in receipt of an annual appraisal and regular supervision.</p> <p><b>Ref: section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b>            The matrix has been updated with all names of staff for annual appraisals and supervisions. The registered manager will update the matrix as and when necessary should new staff commence to ensure that everyone in the home receives an appraisal and supervision. The regional manager will check the matrix during her regulation 29 visits to the home.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 21 Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2016	<p>The registered provider must ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation and all required information is retained by the registered manager.</p> <p><b>Ref: section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b>            All personnel files are currently being reviewed and are being updated by the administrator and the registered manager in order to ensure that each file contains only relevant information in accordance with regulatory requirements and employment legislation. Recruitment and selection training being arranged for the registered manager.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2016	<p>The registered provider must ensure that infection prevention and control procedures are adhered to by staff at all times.</p> <p><b>Ref: section 4.3</b></p>
	<p><b>Response by registered provider detailing the actions taken:</b>            The registered manager has purchased new bins which are appropriate for the client group in Millbrook unit. The nurse in charge has implemented a new checklist to ensure that all bins are emptied and bags are replaced in a timely manner. As part of FSHC Quality of Life the registered manager or unit manager carries out a daily walkround the unit where they are to check infection control procedures are being adhered to by staff at all times, any action required should be addressed immediately. The registered manager also carries out infection control audits and any infection control issues should be highlighted and addressed in a timely manner.</p>



<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider must ensure that care plans accurately reflect patients' needs. Care plans must be specific and reflect the recommendations of the multidisciplinary team, where applicable.</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The registered manager, unit manager and nurses are currently re-evaluating all the care plans in order to make them more person centred and comprehensive. The new care plans reflect the individual needs of our clients and have a collaborative ethos which is tailored to each individual. As we are working towards goals identified through our recent use of the recovery star model, this empowers the clients to work together with staff towards self-fulfilment. Where advice has been issued by multidisciplinary teams, this is being incorporated into care plans formulated by our staff to reflect issues such as safeguarding and risk management. There is a matrix in place for care tracas to be carried out and action required following the tracas is addressed and recorded by the primary nurse. The regional manager is checking the care tracas when she visits the home during her regulation 29 visits and will also monitor the progress of tracas being carried out on FSHC quality of life system.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 44.12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 17 October 2016</p>	<p>The registered provider should inform RQIA, in writing, of the action to be taken and timescale for completion, for the repair/refurbishment of the shower facilities in Millbrook suite.</p> <p><b>Response by registered provider detailing the actions taken:</b> Shower rooms in Millbrook and Belvoir Unit have been renovated but new environmental issues have been discovered in the home. FSHC H&amp;S Manager, Estates Surveyor, Estates Manager, Regional Manager, Managing Director and contractors are all involved in the discussion and planning of works to be carried out. All families and care managers have been informed of the estates issues. A separate action plan has been forwarded to RQIA in relation to the current environmental issues in the home, within timescales of works to be carried out.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure that a robust system is established to regularly monitor the registration of staff with their professional bodies.</p> <p><b>Ref: section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b> A register is in place recording the names of all staff that require to be registered with NISCC. The template contains details of registration and when it is to be renewed. The registered manager is checking the register monthly to ensure compliance.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure staff receive appropriate training regarding the use of restrictive practice. Care plans should accurately reflect the rationale for the use of a restrictive practice, be known to all staff and regularly reviewed.</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Dates have been organised by FSHC resident experience team for staff to receive appropriate training in regards to restrictive practice. Unit manager and registered manager will monitor staff practice. Multi disciplinary recommendations are incorporated into the relevant care plans.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure that the approach to meals and mealtimes in Millbrook and Belvoir units are conducive to the needs and views of the patients and in accordance with best practice.</p> <p><b>Ref: section 4.4</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All staff in Belvoir and Millbrook unit have undergone dining experience training in order to improve the ambiance, nutritional care and dining experience of the clients and in accordance with best practice.</p>

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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