



# Unannounced Care Inspection Report 5 July 2018



## Hawthorn House

**Type of Service: Nursing Home**  
**Address: 16-16a Hawthornden Road, Belfast BT4 3JU**  
**Tel No: 02890473027**  
**Inspector: James Laverty**

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 32 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Maureen Claire Royston	<b>Registered manager:</b> See box below
<b>Person in charge of the home at the time of inspection:</b> 09.00 to 09.50 Anca Muresan, registered nurse. 09.50 to 18.20 Joanne Roy	<b>Date manager registered:</b> Joanne Roy - Acting – No application required
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 32

### 4.0 Inspection summary

An unannounced inspection took place on 5 July 2018 from 09.00 to 18.20 hours.

The inspection was conducted following information received by RQIA from the Belfast Health and Social Care Trust in addition to information received via the RQIA duty desk regarding staffing within the home. A number of medication incidents within the home which had been reported to RQIA since the previous care inspection had also been noted. During this inspection we also assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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.

Concerns were identified with the delivery of care, specifically the management of patients with diabetes and those requiring oxygen therapy. Concerns were also noted with regards to staffing arrangements, skill mix and managerial oversight within the home. These deficits had the potential to impact negatively on patients.

As a consequence, a meeting was held on 10 July 2018 in RQIA with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 13 (1) (a) (b), regarding the delivery of care to patients, and Regulation 20 (1) (a), regarding staffing and managerial oversight of care delivery.

The meeting was attended by Ms Ruth Burrows, resident experience regional manager and Ms Janice Brown, regional manager, both of whom were representing Four Seasons Health Care.

During the intention meeting, an action plan was presented but this failed to provide sufficient assurance that the concerns were being addressed. Given the potential to negatively impact on patient care, it was decided that two failure to comply notices under Regulation 13 (1) (a) and (b) and Regulation 20 (1) (a), would be issued, with the date of compliance to be achieved by 22 August 2018.

There was evidence of good practice observed in relation to fire safety practices, staff communication with patients, monitoring the professional registration of staff and adult safeguarding.

Two areas for improvement under regulation were identified in relation to the safe storage of medicines and infection, prevention and control (IPC) practices.

Five areas for improvement under the standards were identified in relation to supplementary care records, managing the oral intake of patients, the internal environment, the secure storage of patients' records and governance processes which focus on care delivery and quality assurance.

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	*5

\*The total number of areas for improvement includes one standard which has been stated for a second time.

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

Enforcement action resulted from the findings of this inspection. Two failure to comply notices under Regulation 13 (1) (a) and (b) and Regulation 20 (1) (a) were issued with the date of compliance to be achieved by 22 August 2018.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent inspection dated 20 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit.

During the inspection the inspector met with six patients, five patients' relatives and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- accident and incident records
- three patients' care records
- one patient's supplementary care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the manager and at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated by the care inspector during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 20 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that all cleaning chemicals had been securely stored in keeping with COSHH legislation to ensure that patients were protected from hazards to their health at all times.	



Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> : Standard 46  <b>Stated:</b> First time	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment confirmed that the IPC shortfalls identified in the previous care inspection had been satisfactorily met. However, further IPC shortfalls were identified and are discussed further in section 6.4.</p>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment and staff practices during the inspection confirmed that adequate precautions against the risk of fire had been taken and that all designated fire doors were closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.</p>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time	<p>The registered persons shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment and discussion with the manager highlighted three areas in which patients' care records were not stored securely and in compliance with legislative and best practice standards.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The manager stated that she completed a monthly dependency assessment of patients' needs in order to help determine staffing levels. Review of the staff rota and discussion with the manager evidenced that the planned staffing levels within the home during the day consisted of two nurses and five care staff each morning which then reduced to two nurses and four care staff following lunch. The manager stated that a 'Care Home Assistant Practitioner' (CHAP) was regularly rostered on the ground floor in the absence of a second nurse. This is a care assistant who has received extra training to support registered nursing staff. It was noted at the commencement of the inspection that there was one nurse on duty within the first floor who was in charge of the home during the manager's absence and was also responsible for supporting a CHAP who was on duty within the ground floor and had responsibility for all the patients located on that floor.

While discussion with patients highlighted that they had no concerns regarding staffing levels, concerns in relation to staffing levels within the home were expressed by patients' relatives, including the following comment:

"... they don't have enough staff at times."

Staff who were spoken with also raised similar concerns, including the following comments:

"... it's too much ... I tell the manager about staffing levels ... when two nurses are on it's fine."  
 "... not enough staff."

Feedback from patients' relatives and staff during the inspection were shared with the manager who agreed that a second nurse was needed. Observations of deficits with care delivery to patients which arose, in part, from staffing levels/skill mix during the inspection are discussed further below and in section 6.5.

Feedback from the manager, nurse and CHAP confirmed that the CHAP was to administer the medications to patients on the ground floor under the supervision of the nurse. However, it was evidenced that there was insufficient time to allow this. It was also noted that the administration of medicines to some patients was significantly delayed due to only one nurse being on duty and the CHAP lacking sufficient competencies to assist the nurse. RQIA were concerned that the CHAP was being rostered in place of a second registered nurse on three occasions during the week in which the inspection occurred and that the required skill mix in keeping with best practice standards was not being met. Although this shortfall was brought to the attention of the manager, no remedial action was taken to review staffing levels within the home during the inspection. Following discussion with both the manager and Ms Janice Brown, regional manager, the inspector requested that additional nursing staff be supplied to the home before the conclusion of



the inspection. An additional registered nurse was provided to the home before conclusion of the inspection.

Discussion with the manager and review of governance records also evidenced that there were ineffective systems in place to monitor staff performance thereby ensuring that staff received support and guidance. Discussion with the manager/staff highlighted that the formal bi-annual supervision and annual appraisal of staff was significantly overdue for the majority of staff. Some staff who were spoken with expressed frustration that they had not received regular support in the form of supervision in order to assist them in appraising their own performance and in promoting the delivery of care to patients. The deficits in relation to staffing were discussed with both the manager and resident experience regional manager during the inspection. Following a meeting in RQIA a failure to comply notice in respect of Regulation 20 (1) (a) was issued.

Discussion with the manager and review of records confirmed that on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager also evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager confirmed that an 'adult safeguarding champion' (ASC) was identified for the home and that she completed a 'monthly safeguarding report' which was used to help identify any significant trends/patterns. The manager confirmed that there were no ongoing safeguarding issues within the home.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of nursing and care staff on a monthly basis. There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. Some deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the underside of two wall mounted hand dispensers were stained; the inside grill of two wall mounted radiators were ineffectively cleaned; one crash mat and one pressure relieving cushion were torn and one linen storage area was cluttered and poorly maintained. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance and area for improvement under regulation was made.

Observation of the environment also identified three areas in which patients' and/or staff medicines had not been stored securely. This was highlighted to the manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff raised no concerns in regards to fire safety practices.

Systems were in place to monitor the incidents of Healthcare Acquired Infections (HCAI's) and the manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding and monitoring the professional registration of staff.

**Areas for improvement**

Two areas for improvement under regulation were made in regards to infection, prevention and control standards and the secure storage of medicines.

A failure to comply notice in respect of Regulation 20 (1) (a) was issued.

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

**6.5 Is care effective?**

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

Discussion with staff and the manager evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients. However, some care staff stated that the quality of communication during these meetings was poor at times due to the lack of consistent nursing staff and the use of agency nursing staff who were unfamiliar with the patients. Communication between nursing and CHAP staff is discussed further below.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. CHAP staff were also observed liaising with three separate visiting professionals during the morning of the inspection.

Shortfalls with regards to the delivery of care to diabetic patients were observed. Discussion with the manager, registered nurse and CHAP in addition to a review of care and medicine records, evidenced that there were delays in the administration of diabetic medication to one insulin controlled diabetic patient and one tablet controlled diabetic patient. It was further noted that medicine records for these patients had not been completed in an accurate and contemporaneous manner by the registered nurse. Misleading information concerning one patient's blood glucose reading was also provided by staff. In addition, the elevated blood sugar of one patient was not managed in a timely and effective manner by the registered nurse. Explanations offered by the registered nurse and CHAP who were on duty to explain these

delays were found to be inconsistent/contradictory and not corroborated by nursing and/or medicine records. It was also found that communication between the registered nurse and CHAP in regards to the care of these two patients was ineffective and/or contradictory on occasion. These shortfalls were immediately brought to the attention of the manager. However, given the lack of a timely response by the manager, RQIA had to intervene to ensure that care was delivered and advice sought from the GP. Further weaknesses relating to the management of diabetic patients included inaccurate care planning and the lack of contemporaneous record keeping within the patients' care records by the registered nurse and CHAP. It was also concerning that nursing oversight of CHAP staff during the inspection with regards to management of both diabetic patients was limited and therefore ineffective.

Shortfalls were also found in regards to the management of a patient requiring oxygen therapy. It was noted by the inspector that the oxygen cylinder in use was empty and that this went unnoticed by registered nurse and CHAP. The inspector immediately informed the registered nurse and CHAP who demonstrated an inconsistent understanding of available oxygen supplies within the home. Although nursing staff immediately replaced the oxygen cylinder in use, discussion with registered nurse and CHAP and a review of the patient's care records further highlighted an inadequate understanding of the patient's assessed care needs by the registered nurse and ineffective communication between staff. This was brought to the immediate attention of the manager who acknowledged that communication between the CHAPS and nurses was poor. It was also found that although the patient was currently receiving antibiotic therapy this was not reflected in the patient's care plans.

These deficits in care delivery and staff knowledge were discussed with both the manager and regional manager during the inspection. Following a meeting in RQIA a failure to comply notice in respect of Regulation 13 (1) (a) and (b) was issued.

A review of repositioning records for one patient confirmed that a repositioning schedule was clearly documented. It was positive to note that the use of a pressure relieving mattress and cushion was also referenced within the care record. However, it was found that repositioning records on the day of the inspection were not completed contemporaneously by care staff. An area for improvement under the standards was made.

Care and supplementary records relating to the oral intake of another patient were also examined. It was found that the daily oral intake of fluids by the patient were evaluated and reviewed by nursing/care staff in an inconsistent manner within both sets of records. An area for improvement under the standards was made.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between staff and patients.

### **Areas for improvement**

Two areas for improvement under the standards were highlighted in regards to repositioning records and managing the oral intake of patients.

A failure to comply notice in respect of Regulation 13 (1) (a) and (b) was issued.

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

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate and caring. The majority of patients were positive in their comments regarding the ability of staff to deliver care and respond to their needs and/or requests for assistance. However, one patient did state that “buzzers take too long” to be answered by staff. Although observations during the inspection did not evidence this, the patient’s comments were shared with the manager for further consideration and action, as appropriate. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

“I’m well looked after.”

“I’m doing rightly.”

“I’ve no concerns.”

Feedback received from patients’ relatives included the following comments:

“I’ve no complaints.”

“We’re happy.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one staff questionnaire has been returned within the specified timescales. The respondent indicated that they were very satisfied that the care being delivered to patients was safe, effective, compassionate and well led. Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Observation of the breakfast time meal evidenced that the majority of patients were served breakfast within their bedrooms. Discussion with several patients confirmed that this was their preference. Further observation of the dining room during the serving of lunch evidenced that the

dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. It was also noted that staff interactions with patients were timely and compassionate.

Review of the environment highlighted that several patients’ bedroom doors lacked personalised signage or had signage of an inferior quality. This was discussed with the manager who stated that she was aware of the issue. An area for improvement under the standards was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

**Areas for improvement**

One area for improvement under the standards was made in regards to the provision of personalised signage.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. While all staff spoken with were able to describe their roles and responsibilities, several staff expressed concerns in relation to workload pressures, poor communication between staff and inadequate/ineffective clinical and managerial support. These shortfalls are discussed further in sections 6.4 and 6.5. Discussion with the manager and a review of governance records confirmed that she was aware of these concerns and had also brought them to the attention of her line manager.

In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home’s complaints procedure and that they were confident the home’s management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a 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 records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and trust representatives. Monthly monitoring reports for 17 April 2018 and 9 May 2018 were reviewed and found to contain action plans which clearly outlined a range of corrective actions with corresponding staff responsible and measurable timescales for completion. However, while the May 2018 report highlighted a deficit with regards to the supervision and appraisal of staff, this was not referenced within the report's action plan. The need to ensure that monthly monitoring visits/reports are robust and effective in regards to quality assurance and service delivery was emphasised. An area for improvement under the standards was made.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. Governance audits which focused on issues such as, wound management and the use of bed rails, were completed by the manager on a monthly basis. However, review of a monthly audit carried out by the manager which focused on patients' nutritional care highlighted inaccuracies when referenced against one diabetic patient's care plans. The need to ensure that the systems which quality assure service delivery and audit patients' care records, are completed in a robust and effective manner was emphasised. This deficit in the governance oversight of the home was discussed with the manager and it was subsequently decided to address this failing through the failure to comply notice in respect of Regulation 13 (1) (a) and (b).

Observation of the environment highlighted three areas in which patients' care records were not stored in a safe and secure manner in keeping with legislative and best practice standards. This was highlighted to the manager and an area for improvement under the standards was stated for a second time.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of complaints and managing falls.

### **Areas for improvement**

One area for improvement under the standards was identified in regards to monthly monitoring reports.

Deficits in relation to governance and oversight were included in the Failure to Comply notice issued in respect of regulation 13 (1) (a) and (b).

	<b>Regulations</b>	<b>Standards</b>
<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 Joanne Roy, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Home has had a full infection control audit carried out by the Resident Experience Team and an action plan has been drawn up as a result. A meeting with all the domestic staff occurred on 20.08.18 and findings of the recent inspection were discussed. From the 1<sup>st</sup> September new documentaton will be introduced to ensure the domestic staff can evidence their cleaning and this also gives accountability for the tasks. A full deep clean of the Home took place beginning 21.08.18 and all radiators and soap dispensers were taken apart and cleaned thoroughly. All domestic staff are currently having their induction renewed. Compliance will be monitored by the Registered Manager during the Daily walk about and during the Reg 29 visit.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The nursing staff have been reminded through staff meetings and supervision sessions about safe storage of medications. Nurses ensure that the treatment room doors and trolleys are locked when not being used with the nurse holding the key of the trolleys - this is being monitored by Home Manager. The Home has benefited from the fitting of a new treatment room with adequate storage for all overstock medication. Medicine trolleys are chained to the wall in treatment room when not being used. "Oxygen in use" signs are widely available should the need for oxygen to be used in other rooms arises. Compliance will be monitored during the Reg 29 visit.</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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken</b> The Home has two lockable cupboards one on each floor for residents care files and documentation in use. There is a locked room where the care assistants keep the supplementary charts to be completed and where notes are archived for residents. Compliance will be monitored through the auditing process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that supplementary care records, specifically, repositioning records are completed in a comprehensive, accurate and contemporaneous manner at all times.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded of the need to complete documentation contemporaneously through handovers and flash meetings. All staff are aware of how to complete the documentation, evidenced through spot checks and supervisions. The Home Manager makes daily checks on supplementary charts as part of the daily walk around.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care records, specifically those used for the purpose of recording patients' fluid intake, are completed in a comprehensive, accurate and contemporaneous manner at all times. There should also be evidence of patients' daily oral intake being meaningfully and regularly reviewed by nursing staff within the care record.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Home Manager checks the supplementary charts daily as part of daily walk about and all staff particularly night staff have been reminded of the need for this through staff meetings.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 August 2018</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and individuality of patients.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Residents have been asked if they would like to have their name put onto their bedroom doors and those who have consented now have appropriate signs on their doors.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that monthly monitoring reports are completed in a comprehensive, robust and accurate manner at all times.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>There is a new Manager in place who will ensure that the daily, weekly and monthly audits are carried out as per Company Policy. Audits will continue to be reviewed by senior management team through the Regulation 29 visit each month.</p>

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



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

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care