

Unannounced Secondary Care Inspection

Name of Establishment:	Laganvale (General Nursing Unit)
Establishment ID No:	1262
Date of Inspection:	14 January 2015
Inspector's Name:	Sharon Loane
Inspection ID:	17229

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Laganvale - General Nursing Unit
Address:	37 Laganvale Mews Moira BT67 0RE
Telephone Number:	028 92619899
E mail Address:	laganvalehome@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare Dr Maureen Claire Royston (Registration Pending)
Registered Manager:	Mrs Shily Paul
Person in Charge of the Home at the Time of Inspection:	Mrs Shily Paul
Categories of Care:	NH-I, NH-PH
Number of Registered Places:	37
Number of Patients Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£581.00
Date and Type of Previous Inspection:	18 & 19 December 2013, Primary unannounced inspection
Date and Time of Inspection:	14 January 2015
Name of Inspector:	Sharon Loane & Aveen Donnelly

1.0 Introduction

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

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

1.1 Purpose of the Inspection

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

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

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

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

1.2 Methods/Process

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

- discussion with Mrs Shily Paul Registered Manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

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

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support

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

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

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

2.0 Profile of Service

Laganvale Care Home is situated in a private residential development on the outskirts of Moira, County Antrim. A number of rooms have panoramic views of the county Antrim countryside and farmland. There are good car parking areas at the front and to the side of the home. Public transport facilities (road and rail) are convenient to the nursing home.

The nursing home is owned and operated by Four Seasons Healthcare (NI) Ltd and the registered manager is Mrs Shily Paul.

The home is registered to accommodate a total of thirty seven patients in the General Nursing Unit who require nursing care, long and short term and physical disablement under and over pension age, terminal illness and thirty six patients in the Dementia Unit who require Dementia Nursing Care.

This report focuses on the first floor Frail Elderly General Unit.

Accommodation for patients is provided on the first floor and comprises thirty seven single bedrooms, communal living spaces, dining room, and toilet/bathroom facilities. The kitchen, laundry, staff accommodation and offices are located on the ground floor of the building.

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

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65

The certificate of registration was clearly displayed in the entrance foyer of the home.

3.0 Executive Summary

The unannounced secondary inspection of Laganvale Care Home was undertaken by Sharon Loane and Aveen Donnelly on 14 January 2015 between 10:05 and 16:30 hours. The inspection was initially facilitated by, Ms J Kuriakose, deputy sister until the arrival of Ms S Paul, registered manager who facilitated the remainder of the inspection. Ms S Paul and Ms J Kuriakose were both available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was an assessment of standard 19: Continence Management and the progress with the issues raised during and since the previous inspection on 18 and 19 December 2013.

Prior to the inspection taking place the completed self-assessment and other information submitted by the registered manager was reviewed as part of the pre-inspection process (refer to section 6 and appendix 1). The responses in the returned quality improvement plan (QIP) pertaining to the inspection undertaken on the 18 & 19 December 2013 were also reviewed.

During the course of the inspection, patients, staff and visiting relatives were consulted. Inspectors observed care practices, examined a selection of records, issued patient, staff and representative questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

Three patients care records were examined in relation to continence management and support. The care records evidenced that the standard of record keeping in relation to this aspect of care reflected an assessment, care planning and evaluation process which included the promotion of continence / management of incontinence and patient dignity. Discussion took place with the registered manager how the care records could be further developed in relation to: how bladder and bowel continence assessments inform the plan of care, fluid intake target calculations should be consistent in all assessments and care records and issues identified in relation to bowel function recording are addressed. A recommendation has been made.

A range of policies / guidance and training was in place to support registered nurses and care staff in relation to continence management, however, further guidance information and training is recommended. A recommendation has been made.

From a review of the available evidence and from discussion with relevant staff and observation, the level of compliance with standard 19 inspected was substantially compliant.

Discussion with the registered manager and review of duty rota for week commencing 12 January 2015 evidenced that registered nursing and care staffing levels were in accordance with the RQIA'S recommended minimum staffing guidance for the number of patients accommodated in the home during the inspection. The registered manager informed the inspectors that approval has been authorised for increased care staff and housekeeping hours. This will further enhance the delivery of care and service provided to patients accommodated in the home.

During the inspection, seven staff were spoken with and five staff completed questionnaires. Staff responses in discussion and in returned questionnaires were positive regarding the standard of care provided to patients. No issues were raised by staff.

The inspectors' undertook an observational tour of the internal environment of the home. The home was maintained to an acceptable standard of décor, however a previously stated requirement has been stated for the second time and issues pertaining to infection prevention control were identified, and a requirement has been made. Further details can be found in section 6.8 of the report.

At the time of this inspection, the delivery of care to patients was evidenced to be of a satisfactory standard.

Additional areas were also examined including:

- care practices
- meals and mealtimes
- complaints
- patient finance
- NMC
- guardianship
- patient and relatives views
- staffing levels and staff views
- environment

Details regarding these areas are contained in section 6.0 of the report.

The inspectors reviewed and validated the home's progress regarding the two requirements made at the previous care inspection on 18 & 19 December 2013 and confirmed one requirement had been fully complied with and one requirement was moving towards compliance and has been stated for a second time.

Details can be viewed in the section immediately following this summary.

Verbal feedback of the inspection outcomes was given to Ms S Paul, registered manager and Ms J Kuriakose, deputy sister throughout the inspection and at the conclusion of the inspection process.

Details can be viewed in the section immediately following this summary.

Conclusion

As a result of this inspection, one requirement and three recommendations are made; one requirement has been stated for the second time.

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

The inspector would like to thank the patients/residents, the visiting professional, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

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

4.0 Follow-Up on Previous Issues from 18 and 19 December 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12 (4) (b) and (d)	<p>The registered manager should ensure there is a choice of two vegetables served during the main meal of the day.</p> <p>The registered manager should ensure that meals are not served to those patients requiring assistance, until staff are ready to assist them in order to ensure they are served at the correct temperature.</p>	<p>A review of the lunch time meal and menu evidenced that two vegetables were available. Peas and sweetcorn were served mixed. However, catering staff and management were advised vegetables should be served separately to enable choice. The menu was reviewed and evidenced a choice of two vegetables.</p> <p>The lunch time meal was observed and patients who required assistance were provided with their meal at the point when staff were available to assist. Food served was nutritious and of a suitable temperature.</p>	Compliant

2.	27 (2)	<p>The registered manager should ensure that the dates included in the submitted in the redecoration/refurbishment plan are adhered to.</p> <p>The registered manager shall ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • Replace the identified crash mat • ensure the area surrounding crash mats is maintained clear of furniture • replace the flooring in the identified bedrooms • repaint the identified bedrooms • replace the identified bed • ensure the identified bedroom is thoroughly cleaned, repair the curtains, ensure the bed linen is appropriate for the bed • review the quality of the valance sheets and replace those which are torn • address the foul odours in the identified areas 	<p>The agreed actions to address the environmental issues raised during the previous inspection in some areas had been actioned.</p> <p>However, the registered manager must ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • address foul odours in identified areas. • review the quality of the bedding and replace those which are torn <p>These two elements of this requirement are stated for a second time.</p>	Moving towards compliance
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

RQIA have been notified by the home of an ongoing investigation in relation to a potential safeguarding of vulnerable adult (SOVA) issue. The trust safeguarding team are managing the SOVA issue under regional adult protection policy/procedures and the registered manager agreed to keep RQIA updated regarding the outcome of the investigation.

RQIA is satisfied that the registered manager has dealt with the potential SOVA issue in the appropriate manner and in accordance with regional guidelines and legislative requirements.

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: <p>Review of three patient's care records evidenced that bladder and bowel continence assessments were undertaken for all patients. The outcome of these assessments, included the type of continence products to be used, and was incorporated into the patient's care plans on continence care. The assessment tool did not make provision for a patient requiring a urinary catheter. Patient's bowel functions were recorded inconsistently. Patient's fluid target calculations were inconsistent in assessment and care plan information. There was evidence of evaluation of nursing care taking place in relation to this aspect of care. However, monthly evaluations in relation to product type should be consistent with details in the care plan. A recommendation has been made.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

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

COMPLIANCE LEVEL**Inspection Findings:**

The following policies and procedures were in place;

- continence management / incontinence management
- bowel care
- stoma / colostomy care
- catheter care

The following guidance documents were in place:

- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

A recommendation has been made for the following guidelines to be readily available to staff:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- RCN guidance on catheter care and continence care

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and deputy sister confirmed that there is ongoing training for registered nurses in relation to; male and female catheterisation and care of supra-pubic catheters, to date two registered nurses completed supra pubic training in September 2014 and four registered nurses have completed training in male catheterisation in September 2014. However there has not been recent training for nurses in the management of stoma care. Training for continence management for care staff has not been provided since 2013. While it was acknowledged that registered nurses have completed training in catheterisation, however, a recommendation has been made that all registered nurses receive an update on male and female catheterisation, care of supra-pubic catheters and management of stoma care and all care staff receive training in continence/incontinence management as there are currently patients in the home receiving care in this regard.	Substantially compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially compliant
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6.0 Additional Areas Examined

6.1 Care Practices

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

Patients including those who were unable to verbally express their views were observed to be well groomed, appropriately dressed and relaxed and comfortable in their surroundings. Two patients were observed wearing no footwear, however care plans evidenced the rationale for this practice.

The following care practice was observed and discussed with the registered manager:

In one patient's bedroom a soiled continence product was observed on an armchair. This was brought to the attention of the registered nurse who requested a care staff member to remove same. The care staff member responded to the request and proceeded to remove the soiled continence pad without wearing gloves. This was discussed with the registered nurse and the registered manager who advised the care staff member had acknowledged they had not adhered to infection control procedures.

6.2 Meals and Mealtimes

The lunch time meal was observed and evidenced that the meal time was well organised and registered nurses were available in the dining room to manage the nutritional needs of patients. Meals served appeared appetising and patients acknowledged the food was "good". Patients were given choices and those patients who required assistance were assisted appropriately by staff on duty.

6.3 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The management of complaints was discussed with the registered manager and the complaints records reviewed. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

6.4 Patient Finance Questionnaire

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

6.5 NMC declaration

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

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

6.6 Patients under Guardianship

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

The registered manager confirmed that there were no patients accommodated at the time of inspection in the home who were subject to guardianship arrangements.

6.7 Patients and Relatives Views

During the inspection, three patients were spoken with individually and one of whom provided responses to the questionnaire, which was completed on their behalf.

Patients spoken with and the questionnaire responses confirmed that patients were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, the food was good and plentiful and they were happy living in the home.

Patients' comments included:

- “ staff are good and kind “
- “ food is very good “

One relative was spoken with during the inspection, they advised that they were content with all aspects of care and felt staff communicated well with them. The relative stated the home was “kindness personified “.

6.8 Staffing levels and staff comments

Discussion with the registered manager and review of duty rota for week commencing 12 January 2015 evidenced that registered nursing and care staffing levels were in accordance with RQIA'S recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection. The designated person in charge of the home in the absence of the registered manager should be clearly identified on the duty rota. The registered manager advised that approval has been given for additional care staff hours and housekeeping staff. This will further enhance the standard of care and service provided to patients accommodated in the home.

During the inspection, the inspectors spoke individually with seven staff and in addition five staff completed questionnaires. Staff responses indicated that staff received an induction and completed a range of training commensurate with their role and responsibilities.

Staff were satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. Staff expressed the increase in staffing levels would afford more time for patient care. No issues/ concerns were raised by staff.

6.9 Environment

An inspection of the premises was undertaken of the majority of patient's bedrooms, bathrooms, shower and toilet facilities and communal areas. The home was comfortable and maintained to an acceptable standard of décor. The registered manager advised since the previous inspection there has been a substantial amount of redecoration/refurbishment works completed within the nursing home. A number of beds were not made in the late afternoon, this matter was discussed with laundry and care staff who advised no bed linen was available until laundered. This was discussed during feedback and the manager gave assurances this would be actioned immediately.

The following issues were identified and a previous requirement has been stated for a second time:

- mal-odours were evidenced in a number of identified bedrooms
- bedding was worn and stained in a number of rooms

Infection prevention and control breaches were also identified:

- a number of bedroom vanity units with mahogany veneer were worn and had visible areas of bare wood exposed
- a number of toilet seats, toileting equipment and shower equipment were unclean and did not meet infection prevention and control guidance.
- wall tiles in the kitchenette off the dining room are chipped and need repaired / replaced

These issues were discussed with the manager and deputy sister during feedback and have been incorporated into a requirement relating to infection prevention and control.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Prior to admission to the home, the Home Manager or a designated representative from the home carries out a pre-admission assessment. Relevant information will be gathered from the resident, family care records and multidisciplinary records such as OT, physio etc. In case of emergency admission where an assessment cannot be carried out, then the information will collect over the phone followed by the documents from District Nurse and Social worker.</p> <p>On Admission an identified nurse completes initial assessment after communicating with the resident and representative.</p> <p>The risk assessments will be carried out immediately after admission. This includes Braden Scale, Nutritional Tool, Handling Assessment, Wound Assessment etc.</p>	Compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 <ul style="list-style-type: none"> A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. Criterion 11.2 <ul style="list-style-type: none"> There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. Criterion 11.3 <ul style="list-style-type: none"> Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. Criterion 11.8 <ul style="list-style-type: none"> There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. Criterion 8.3 <ul style="list-style-type: none"> There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>A Named nurse comprehensive and holistic assessment of resident's needs using an appropriate tool within 7 days of admission. Named nurse meet with resident and relative and a detailed care plan will be developed. The care plan demonstrates maximum independence and focus on person centered care. All recommendations made by multidisciplinary team are included in the care plan.</p> <p>Registered Nurse is fully aware of TVN reference procedures if necessary. The assessment of TVN will be associated with care plan and kept in the file for referrals. Reference will be made for other wounds such as leg ulcer or any other complicated wounds.</p> <p>Registered Nurse makes decision about referral for dietitian based on the MUST score and clinical judgement. This will be usually done through GP clinic. All advice, treatment and recommendations from Dietitian are reflected to care plan and documented in multidisciplinary forms.</p>	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Risk assessments, need assessments and care plans will be evaluated monthly and when required. The resident is assessed on a daily basis with the changes in progress notes. All changes and developments will be passed over to the next shift through hand over report and 24 hours HM report to Home Manager.	Substantially compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The Home take reference from guidelines of NICE, RCN, GAIN, NIPEC, HSSPS, PHA, and RQIA when planning care.</p> <p>The pressure ulcer grading screening tool is developed based on EPUAP grading system.</p> <p>Nurses uses valid tools to grade and assess the pressure ulcer or other type of wound according to NICE guidelines.</p> <p>Staff also refer to FSHC policy and procedure in relation to nutrition, wound, diabetic etc.</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Residents all activities, interventions and procedures are recorded and readily available. These records are maintained according to NMC guidelines - Record Keeping: Guidance for Nurses and Midwives.</p> <p>Meals provided to residents are recorded in the meal chart as necessary, the catering manager keeps records of residents special dietary requirements.</p> <p>Residents who are assessed as "at risk" of malnutrition or dehydration are maintained on a food and fluid chart.</p> <p>Referrals made to SALT, Dietitian etc when required.</p>	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Details of care delivered are recorded on a daily progress notes with a least a minimum of one entry during day and at night. More entries made as required and when a multidisciplinary recommendation made or residents condition changes.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The Care Management meetings usually takes place 4 to 6 weeks post admission and annually there after. Additional reviews taken place when necessary and on request.</p> <p>The Trust will be responsible for the review arrangements, however Homes reminds if one is overdue.</p> <p>All recommendations are actioned by The Home with care plan reviewed to reflect the changes.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The Home follows FSHC policy and procedure in relation to nutrition for the best practice. Registered Nurse carries out an initial assessment soon after the admission, follows any recommendations made by SALT or dietian. Risk assessment and care plan is evaluated monthly and when residents condition changes.</p> <p>Laganvale has 4 weeks menu which is reviewed 6 monthly based on season. The menu is complied following consultation with residents and their representatives from resident/relative meeting and food questionnaire. The PHA document - "Nutritional and Menu Checklist for Residential and Nursing Home" is used to ensure the menu is nutritious and varied.</p> <p>The recommendations from Dietian and SALT are passed on to the Cook.</p> <p>Residents are always given a choice of food at each meal time. The menu offers the same choice of meal as much as possible for therapeutic and modified diets. Each resident will be offered choice, which will be entered to daily menu sheet which then will be sent to the kitchen</p>	Substantially compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. Criterion 12.5 <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. Criterion 12.10 <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. Criterion 11.7 <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Registered nurses and most of the care staff have received training on dysphagia and PEG feed. Currently no residents receive PEG feed.</p> <p>The SALT and dietitian provide advice on how to feed residents who are having difficulties. Nurses refer to up to date guidance such as NICE.</p> <p>All recommendations made by SALT are incorporated with care plan to include type of diet, consistency of fluids, position during feeding, equipment or special cutlery to use and assistance required. The kitchen staff will be informed of all recommendations and special dietary requirement for residents.</p> <p>Meals are provided in the following times:</p> <p>Breakfast 8.30am - onwards</p> <p>Morning Tea - 11am</p> <p>Lunch - 12.45pm</p> <p>Afternoon Tea - 3pm</p> <p>Evening Dinner - 4.45pm</p> <p>Supper - 7.45pm</p> <p>There are variations to the above timing as per residents request. Hot and cold drinks are available all the time. Any matters concerning residents eating or drinking are detailed on individual care plans, such as likes, dislikes, type of diet, consistency of fluid.</p> <p>Meals are served in the presence of a staff member, residents who need supervision are part or full assisted and supervised for the same.</p> <p>Each nurse now has completed an educational e-learning module on pressure area care. The Home has 3 link nurses who had received enhanced training to provide support to other staff. All nurses within the Home have completed a competency assessment on wound care. Competency Assessments have a quality assurance element built into the process.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Substantially compliant



Quality Improvement Plan

Secondary Unannounced Care Inspection

Laganvale (General Nursing Unit)

14 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Shily Paul registered manager during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2)	<p>The registered manager must ensure the following issues are addressed;</p> <ul style="list-style-type: none"> • address the foul odours in the identified areas. • review the quality of bedding and replace those which are torn. <p>Ref Sections:4.0 & 6.8</p>	Two	<p>The area which is identified was addressed, in addition the whole corridor was deep cleaned by the external carpet cleaners.</p> <p>Additional beddings purchased and provided to the unit.</p>	One Month
2	13 (7)	<p>The registered manager must ensure the following issues are addressed:</p> <ul style="list-style-type: none"> • review bedroom vanity units with mahogany veneer which are worn and visible areas of wood exposed are repaired/replaced • review toilet seats, toileting equipment and shower equipment to ensure they meet infection prevention and control guidance. • repair/replace wall tiles in kitchenette off the dining room which are chipped/broken. <p>Ref Sections 4.0 & 6.8</p>	One	<p>Vanity units are temporarily varnished, the plan of replacement of the vanity units discussed with senior management and planned for the refurbishment programme.</p> <p>All identified toilet seats are replaced, the shower trolley is cleaned and decontaminated, and ongoing.</p> <p>The chipped tiles repaired in the kitchenette.</p>	Two months

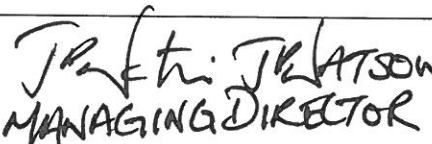
Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.1	<p>The registered person must ensure patient assessments and care plans are further developed, fluid target calculations are recorded consistently in all records and robust systems are in place to record patient's bowel function referencing the Bristol stool guidance to evidence that this element of care is being properly monitored and validated by registered nurses.</p> <p>Ref Section: 5.0 & 19.1</p>	One	<p>The issues are discussed in the staff meeting. The food and fluid charts are recorded correctly and monitored by registered nurses. Where there is resident not met the fluid target was discussed with GP and appropriate actions been taken. The bowel assessment and continence assessment tools are reviewed by registered nurse.</p>	One Month
2.	19.2	<p>The registered person must ensure additional guidelines on continence management are available to staff:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN guidance on catheter care and continence care <p>Ref Section: 5.0 & 19.2</p>	One	<p>These documents are readily available in the units for staff reference.</p>	One Month
3.	19.4	<p>The registered person must ensure:</p> <ul style="list-style-type: none"> • registered nurses are trained in female / male catheterisation and stoma care. • care staff are provided with training in regards to continence/incontinence management. 	One	<p>Training for female / male catheterisation is arranged for 4 staff with trust. A request is send to training department for stoma care. The training regards</p>	Three Months

		Ref Section:5.0 & 19.4		continence/incontinence is arranged for April	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Shily Paul
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 J. WATSON MANAGING DIRECTOR 6.8.15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Aveen Donnelly	13/03/2015
Further information requested from provider			