

# Inspection Report

28 May 2021



## Lisadian House

**Type of Service: Nursing Home**  
**Address: 87 Moira Road, Hillsborough, BT26 6DY**  
**Tel no: 028 9268 9898**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Elim Trust Corporation  <b>Responsible Individual:</b> Mr Edwin Michael	<b>Registered Manager:</b> Ms Grace Pena  <b>Date registered:</b> 14 June 2018
<b>Person in charge at the time of inspection:</b> Ms Grace Pena	<b>Number of registered places:</b> 45
<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 patients accommodated in the nursing home on the day of this inspection:</b> 28
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 45 persons. The home is divided over two floors. Patients have access to a range of communal rooms such as lounges and dining rooms and an enclosed garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 May 2021, from 8.50am to 4.20pm and was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Three areas for improvement were identified in relation to, the home's environment, the detail contained in care plans about equipment in use such as air flow mattresses settings or moving and handling slings, and the recording of patient repositioning interventions.

It was positive to note that patients were seen to express their individual wishes in various stages of daily life, from where and how they spent their time, the food and drinks on offer, to the planning of care. The activities programme provided a range of group or individual sessions and patients were seen to enjoy this service. There was a strong sense of community engagement in the home with recent social events organised in conjunction with COVID-19 restrictions.

Visiting and care partner arrangements were in place, in line with the Department of Health guidance, and found to be working well. This added to the social atmosphere in the home.

The home was participating in a healthcare educational initiative which had focused on patients' oral health and care. RQIA found that the implementation of this initiative had improved staffs' knowledge around oral health and there was a system in place to ensure all patients received regular oral assessment and intervention where required.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives, and staff, are included in the main body of this report.

RQIA were assured that delivery of care and service provided in Lisadian House was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to further improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home and how staff went about their work was observed. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager was provided with details of the findings.

#### **4.0 What people told us about the service**

We spoke with ten patients, seven relatives and nine staff. All those spoken with expressed positive experiences in relation to either living in, working in or visiting the home.

Patients said that staff were busy but always available to meet their needs when required. Patients spoke positively about staff interactions, describing staff as “angels”, “first class”, “very accommodating”, and “wonderful”. Patients told us about life in the home and about recent social events. Some patients also mentioned the activities co-ordinator by name and said that they enjoyed the choice of activities on offer. Patients knew the manager by name and knew how to raise any issues if needed.

We received three completed questionnaires from relatives. All three questionnaire respondents said that they were very satisfied that the care was safe, effective and compassionate, and that the service was well led. Relatives knew the manager by name and told us that they would have confidence that if any issues were to arise, they would be addressed. One respondent said “my relative can only praise all staff for their kindness, care and patience. We have always been treated well by staff on our visits and found staff to be very attentive to us and our relative”.

Three staff completed online questionnaires. All three staff said that they felt very satisfied that the care was safe and compassionate. They also indicated that they were either satisfied or very satisfied that the care was effective and that the service was well managed. Staff spoken with were conversant in relation to their roles and responsibilities, told us that they were provided with the training and resources required to carry out their roles in a safe and effective manner. Staff told us that there was good communication between all departments and the management and that they enjoyed working in Lisadian House.

Further comments received from patients, relatives and staff are included in the main body of this report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 21 July 2020		
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> Second time	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) and that cleaning products are named and dated in order to maintain a safe environment within the home to ensure that patients are protected from hazards to their health.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Chemicals were secured in accordance with (COSHH) regulations. Prepared solutions were labelled appropriately.	
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure that notifiable accidents/incidents are reported to RQIA appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Notifiable events since the last inspection have been reported appropriately.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

All staff were provided with a comprehensive induction programme to prepare them for working with the patients. A staff member who recently completed the initial induction period spoke positively about the experience and told us that they felt well supported by the manager, wider team and the ongoing training programme.

There were systems in place to ensure staff were trained and supported to do their job. Training comprised of a range of relevant and mandatory topics and was provided through various platforms such as eLearning and face to face. The home also availed of the Extension for Community Healthcare Outcomes (ECHO) programme which included recent interactive learning sessions on topics such falls in nursing homes and COVID-19 awareness.

New care staff were supported in relation to applying for registration with the Northern Ireland Care Council (NISCC) as appropriate. Review of governance records provided assurance that all other relevant staff were registered with either NISCC or the Nursing and Midwifery Council (NMC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rotas and the nurse in charge at each shift in the absence of the manager was highlighted.

The manager explained how safe staffing was determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was noted that there was enough staff in the home to respond to the needs of patients.

Staff told us that there was enough staff on each shift and conveyed that good teamwork was key to effective working and positive morale. Staff said that they were supported in their roles; with relation to resources such as equipment and training, and that communication between staff and management was efficient with the use of regular staff and flash meetings. Staff were seen to attend to patients in a timely manner and interactions were warm and caring yet professional.

Patients commented that they viewed staff as being very busy at times but that they always got what they needed. Patients described staff in very positive terms such as, "wonderful", "angels", and "first class".

Relatives said that they could see that there was always staff around and that they found staff to be "lovely" and "friendly". Relatives told us that communication from the home was good in that staff would phone them to inform them of any changes or updates.

In summary, assurances were provided that staffing arrangements within the home were safe and staff acted with professionalism and compassion.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

There were policies and procedures in place to be followed in the event of any allegation of harm towards a patient and staff were provided with safeguarding training to a level relevant to their roles. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice and told us that they felt confident and comfortable in raising concerns to the manager or nurse in charge at any time.

A policy for complaints was in place and patients and relatives told us that they knew how to raise any concerns or complaints and they knew who to go to.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. A review of a selection of patient records showed that the relevant risk assessments were in place, there had been best interest discussions involving next of kin and relevant professionals such as the patient's Trust key worker, and where appropriate consent had been obtained from the patient. Restrictive practices were reviewed at least monthly and the manager had oversight of these by means of a monthly audit.

Staff were observed to be prompt in responding to patients' requests and were skilled in communicating with patients; they were respectful and sensitive to patients' needs, for example personal care was offered in a discreet manner.

Patients were observed to be relaxed and comfortable in their surroundings, and it was positive to note that patients said they were happy to express their opinions, even expressions of dissatisfaction.

In summary, a review of the safeguarding processes and discussions with staff demonstrated that safeguarding systems were robust and helped to keep patients safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

We observed a range of rooms throughout the home including patients' bedrooms, laundry and storage areas, and communal areas such as bathrooms, lounges, dining room and the garden. All areas of the home were clean and free from malodour.

Fire safety measures were in place such as corridors, stairwells and fire exits being free from clutter or obstruction. A fire risk assessment was conducted by an accredited fire risk assessor on 15 April 2021 and no recommendations were required following this visit.

The standard of décor varied throughout the home. Some walls along corridors, patients' bedrooms and communal bathrooms were in need of repainting. Some corridor handrails and bedside table surfaces were worn due to the additional touch point cleaning regimes. This was discussed with the manager who had already identified the need for some redecorating. Following the inspection the manager confirmed that the provider had agreed to this request and had appointed the organisation's project manager to review all areas of the home and to develop a refurbishment plan. An area for improvement was identified.

It was also noted that some wall mounted hand sanitising dispensers did not have a drip tray underneath and the splashback from alcohol gel was causing further damage to walls. Following the inspection the manager confirmed that drip trays had been obtained and mounted where required.

Patients' bedrooms were clean and well lit, with some personalisation in the form of photos or personal memorabilia. Communal lounges and dining areas were suitably furnished, clean and tidy. Patients chose where to sit or where they wished to have their meals. Staff were seen to support patients to make these choices and one patient commented that it was nice to be able to move freely around the communal areas and they appreciated this more now following periods of isolation due to the COVID-19 pandemic.

Staff were seen to ensure patients had access to fresh drinks and the communal areas lent themselves to a social atmosphere with television programmes, music, games or social interactions between patients.

Patients told us that they were happy with the home's environment and said they enjoyed using the communal areas, especially having access to the garden which proved good for outdoor social events while COVID-19 guidance remains in place. One patient said that they were happy to be able to bring framed pictures from their home to make their bedroom feel more personal and another patient talked about their appreciation for the local scenery and enjoyed watching the crops grow in the neighbouring potato farm.

In summary, while the standard of décor varied throughout the home, the manager was able to show that this had already been identified and steps had been taken to roll out a refurbishment programme. The home's communal areas, bedrooms and furnishings were arranged to meet the needs of the patients.

#### **5.2.4 How does this service manage the risk of infection?**

Signage was on display at the entrance of the home to reflect the current guidance on COVID-19. All visitors had their temperature checked and a health declaration completed on arrival. Details of all visits to the home were maintained for track and trace purposes. Hand hygiene facilities were available and Personal Protective Equipment (PPE) such as masks and aprons were provided to all visitors before proceeding further into the home.

Visiting arrangements were in place in keeping with current guidance. It was positive to note that the visiting system was running smoothly and the busy, yet organised, flow of visitors added to the social atmosphere of the home and was more akin to the life of a care home prior to the pandemic. Staff were seen to politely remind, guide or assist visitors to follow the home's Infection Prevention and Control (IPC) standards.

There was evidence of regular written communications from the home to all patients' next of kin as and when changes were made in the Department of Health (DoH) COVID-19 visiting guidance. The home had also written to all patients next of kin informing them of the DoH's care partner initiative and a number of people had taken on this role. All required risk assessments and care partner arrangements were in place.

As part of the regional programme for planned and regular testing for COVID-19, patients were tested every four weeks and staff and care partners were tested weekly.

The cleanliness of the home was maintained to a high standard and staff recognised the importance of maintaining this; domestic staff told us that in addition to their regular cleaning schedules, all frequently touched points such as handrails, table surfaces and door handles were cleaned more regularly, and that care staff would continue this practice at night.



Staff said that everyone was aware of their roles and responsibilities in relation to infection control and that they had adequate PPE and cleaning supplies. Staff were seen to practice hand hygiene at key moments and to use PPE appropriately, with the exception of one staff member who was seen to use a mask inappropriately. This was addressed with the staff member at the time and later discussed with the manager who gave assurances that this would be further addressed via supervisions and ongoing manager monitoring of staffs' practices.

In summary, there were effective arrangements in place to reduce the risk of or spread of infection. Staff, patients and relatives expressed no concerns in relation to the home's management of the COVID-19 pandemic.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Nursing and care staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. A staff representative from each department also met each morning for a quick flash meeting to ensure all staff were updated with information relevant to their department.

Staff demonstrated respect for patients' privacy through actions such as discussing patient care in a confidential manner and by discreetly offering personal care to patients. This was identified as good practice.

Patients who required assistance with mobilising were attended to by staff and staff were seen to use moving and handling equipment such as hoists and wheelchairs appropriately. It was noted that there were inconsistencies in the documentation of some staffs' interventions relating to moving and handling and this is discussed further in section 5.2.6.

Where a patient was at risk of falls, measures to reduce this risk were put in place, for example, call bells were accessible, aids such as bedrails and alarm mats were used, patient areas were clutter free, staff encouraged patients to wear suitable footwear and to use recommended walking aids. Staff also conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was also evidence of onward referral where required, for example to Occupational Therapy (OT) or physiotherapy.

Following a fall, there was evidence of relevant parties such as next of kin, commissioning Trust key worker, and where required RQIA being informed. The manager completed a monthly falls analysis to identify patterns or trends and to determine if any other measures could be put in place to further reduce the risk of patients experiencing a fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us that they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the correct diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunch time meal sitting was observed to be pleasant with a relaxed atmosphere. Care and nursing staff were seen to assist patients in a dignified manner and kitchen staff spent time in the dining room chatting with patients and ensuring patient satisfaction.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily and patients' fluid intake was totalled every 24 hours to monitor hydration. There was evidence of appropriate onward referral if required, for example to Speech and Language Therapy (SALT) or dietetics.

Patients generally said that they were happy with the provision of food and drink with one patient contributing their weight gain to the meals provided. Some patients commented that the food "could be better" and one patient told us that meals are sometimes "cold" by the time they reach the patient's bedroom. With consent this information was shared with the manager who agreed to look into the timing of meal distribution to patients' bedrooms to ensure hot meals are at the desired temperature on delivery.

Patients told us that the chef would routinely come to see them to ask how the meal experience could be improved for them. Patient satisfaction levels in relation to food provision and meal time experience was also monitored as part of the annual quality review. The most recent review was conducted in November 2020 and patients rated the amount, taste and presentation of food as "excellent" or "good". A number of patients indicated that they would like more variety in the foods available and this was shared with the catering department. Patients told us that their suggestions and requests were heard and followed up on, with one patient telling us that they had very specific breakfast requests that were granted without issue.

The home was taking part in regional initiative called My Home Life, which involved the manager liaising with a network of other homes in learning and practice programmes relating to healthcare. The aspect of this programme that Lisadian House were engaged in focused on oral health. As part of this all staff had been provided with additional training in oral assessment and care and each day an appointed oral champion would review each patient to ensure good oral health was maintained. This was identified as good practice.

In summary, there were effective arrangements in place to manage the needs of those patients at risk of falling, and with nutritional and mobility needs. Staff were seen to engage with patients in a respectful and dignified manner, and there was evidence that patients' requests and suggestions were listened to.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Regular risk assessments were carried out to identify patients' needs and care plans were in place.

It was noted that there were some gaps in relation to the accuracy of some patients records, for example the records for one patient on a pressure relieving mattress did not state the mattress setting required, for one patient the moving and handling care plan did not state the type or size of hoist sling required, and for two patients the repositioning records did not accurately reflect when staff provided this intervention. While it was noted that patient outcomes remained good, in that there were no pressure related wounds in the home, and moving and handling was carried out without incident and comfortably for the patients, two areas for improvement were identified in relation to detailed documentation of equipment in use and contemporaneous recording of repositioning interventions.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. There was evidence of good multidisciplinary communications.

In summary, care records were held securely and there was evidence of good communication with patients' next of kin and relevant healthcare professionals. The documentation of pressure relieving mattresses, moving and handling equipment used and patient repositioning required improvement.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day, for example, patients could have a lie in or stay up late to watch television. Patients were observed to exercise their choice by moving freely around communal areas. Patients could also avail of the easing of the COVID-19 visiting guidance, and could also take trips out of the home to see family or friends. One patient took great delight in telling us about a day trip they had planned that day. Staff were seen to engage with this patient's excitement about the day trip which added to the social atmosphere. Arrangements had been made for this patient to take photographs of their trip which would later be displayed on a large television. The patient was very happy with this plan.

There was an activities programme in place and discussion with the activities coordinator demonstrated that this programme was flexible to the capabilities, needs, preferences and requests of the patients. The planned activities took into consideration those patients who were required to complete a period of isolation following admission, for example one to one pampering sessions with IPC measures in place.

Patients told us that they had choice with regards to social events or organised activities, with one patient saying “I’m a loner and Elizabeth (activities coordinator) gets that but I join in with some things like the barbeque we had the other week which was fabulous or the singer that came last week and sang in the garden”.

Patients spoke with pride about opening the home up to visitors again and took part in some gardening and outdoor painting in preparation for summer and social events. Recent activities that connected patients with their families and the wider community included a barbeque, a singer/entertainer who performed in the garden, Mother’s day celebrations, and the local nursery group came to have a play session outside and interacted with patients through the windows. One patient said about the day of the barbeque “I had the best night sleep that night”.

Patients and staff were seen to participate in and enjoy a game of music bingo in a communal lounge. Patients told us that they enjoyed singing along to the songs and also the competitive nature of the game.

Patients were encouraged to participate in patient meetings or any quality monitoring surveys which provided an opportunity for patients to comment on aspects of the running of the home. The survey conducted in November 2020 covered topics such as, staffing and staff friendliness, the cleanliness of the home and general facilities, food quality and mealtime experience, laundry service, and activities. There was evidence that the home responded to or acted upon suggestions made by patients and relatives.

Patients spoke in positive terms about living in Lisadian House and told us that they had a say in how they spent their time. Comments from patients included, “wouldn’t get better care and service elsewhere”, “night or day staff are on hand”, and “its first class...couldn’t do more.”

Relatives spoken with and those who completed questionnaires said that they always felt welcomed in the home and that they also enjoyed the social events. The home held a record of compliments and thank you cards. One card from a relative read, “Thank you for the barbeque...apart from the food and entertainment, which I enjoyed, what impressed me was the spirit of the occasion and the obvious care taken of the residents. The atmosphere of the whole event was positive and loving. May that long continue to be the ethos and spirit of Lisadian House...”

In summary, there were systems in place to support patients to have meaning and purpose to their day. Patients, relatives and staff enjoyed the organised social events and patients had a say in the activities programme and how they spent their time.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Grace Pena has been the manager in this home since 14 June 2018, and told us that she felt supported in her role by the provider.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of aspects of the home's operation.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. Patients and relatives knew the manager by name.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "Grace's door is always open" and that communication from management was effective.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. A recent thank you card from a relative said of the manager "...you set your staff such a good example that it is more than a job to you and that spreads dedication and devotion..."

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

In summary, there were systems in place to monitor all aspects of the running of the home and the manager could demonstrate good oversight of all systems. The manager demonstrated a good understanding of their role and responsibilities. Patients and relatives knew the manager and said they felt confident in raising issues, queries or concerns. Staff were aware of the management structure and described this as supportive.

## **6.0 Conclusion**

As a result of this inspection three areas for improvement were identified in respect of the home's environment, and documentation relating to instructions about equipment such as air flow mattress settings and sling type and size, and repositioning interventions with patients. Details of these can be found in the Quality Improvement Plan included.

Patients looked well cared for in that they were well dressed and clean, and those patients who relied on staff for mobilising or changing position looked comfortable and were positioned safely.

Patients were seen to be given choice throughout the day, from what time they got up to where and how they spent their time.

Staff were seen to respond to patients needs in a prompt manner and were warm, polite and friendly during interactions. Patients' dignity and privacy were upheld at all times.

Visiting and care partner arrangements were in place and working well, with a social atmosphere in the home.

Patients, staff and relatives all spoke positively about living in, working in or visiting the home.

RQIA were provided with assurances through observations, discussions and review of records, that the home was providing safe, effective and compassionate care, and that the service was well led.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Grace Pena, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2021	The registered person shall ensure that a refurbishment plan is developed to address the standard of décor throughout the home and that the plan is submitted to RQIA with the return of the QIP.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Current refurbishment Plan attached to QIP - Further comprehensive plan will be completed in Septemeber 2021
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection and going forward	The registered person shall ensure that patient care plans contain sufficient detail on any equipment in use, such as airflow mattress settings and type and size of moving and handling slings.  Ref: 5.2.6  <b>Response by registered person detailing the actions taken:</b> Care plans are reviewed to detail air mattresses settings, type of equipment, and size of slings used in Manual handling. These are audited during care plan audits..
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> From the date of inspection and going forward	The registered person shall ensure that repositioning interventions are recorded accurately and completed in a timely manner.  Ref: 5.2.6  <b>Response by registered person detailing the actions taken:</b> Audits of Patients on repositioning charts are reviewed monthly by Nurse Manager

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



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