



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Louisville Private Nursing Home  
**Establishment ID No:** 1267  
**Date of Inspection:** 13 August 2014  
**Inspector's Name:** Heather Sleator  
**Inspection ID** INO20372

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Home:</b>	Louisville Nursing Home
<b>Address:</b>	Glen Road, Belfast, BT11 8BU
<b>Telephone Number:</b>	028 9060 4316
<b>E mail Address:</b>	louisvillegroup@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Raymond Murphy
<b>Registered Manager:</b>	Ms Stephanie Shannon
<b>Person in Charge of the Home at the Time of Inspection:</b>	Registered Nurse S Varghese
<b>Categories of Care:</b>	NH - I
<b>Number of Registered Places:</b>	48
<b>Number of Patients Accommodated on Day of Inspection:</b>	42
<b>Scale of Charges (per week):</b>	£567.00
<b>Date and Type of Previous Inspection:</b>	18 February 2014 Primary Unannounced Inspection
<b>Date and Time of Inspection:</b>	13 August 2014 10.00 - 19.00 hours
<b>Name of Inspector:</b>	Heather Sleator

## 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 Registered Provider
- Discussion with the nurse in charge
- 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
- 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 requirements and recommendations made as a result of the previous inspection of 18 February 2014. The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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

Louisville Private Nursing Home is situated just off the Glen Road in West Belfast. Louisville shares a site with Colinvale Court Private Nursing Home. The home is centrally located within the community and is very convenient to shops, community services and other amenities. There are good parking facilities within the grounds of the home and the facility is on a public transport route with bus stops adjacent to the premises.

The home is a two storey building and comprises of 40 single bedrooms and four double bedrooms. The building was originally the "St Louis Convent" before being converted to a nursing home.

There are a number of seating areas and lounges throughout the home giving patients a choice of where to sit. One larger lounge situated on the ground floor can be used for functions organised within the home for patients.

A designated smoking area is provided for patients on the ground floor.

The dining room is spacious and is used by the majority of patients.

The home mainly caters for patients from the local community or those who have family nearby; therefore there is a strong community bond which is reflected in the relaxed atmosphere within the home.

The registered manager is Ms Stephanie Shannon who has overall management responsibility for both Louisville Private Nursing Home and Colinvale Court Private Nursing Home.

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

The home is registered to provide care for a maximum of 48 persons under the following categories of care:

### Nursing care

I            old age not falling into any other category.....if required... to a maximum of 31 patients

### 3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Louisville Private Nursing Home. The inspection was undertaken by Heather Sleator on 13 August 2014 from 10:00 to 19:00 hours.

The inspector was welcomed into the home by Mr Raymond Murphy, responsible person who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mr Murphy at the conclusion of the inspection. The registered manager was unavailable at the time of inspection. Nursing care was discussed with nursing staff on duty at the time of inspection.

The inspector was accompanied by Mr Joe McRandle, finance inspector, who undertook an inspection in respect of finance arrangements in the home. The report of the findings of the finance inspection was completed by Mr McRandle and is not part of this inspection report.

As a result of the previous inspection conducted on 18 February 2014, nine requirements and five recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that five requirements and one recommendation had been fully complied with. One requirement and two recommendations were found to be substantially complied with. One requirement was found to be moving towards compliance. Two requirements and two recommendations were not assessed on this occasion. This was due to the registered manager and deputy manager being on leave. Staff were unable to inform the inspector as to the status of compliance with these requirements and recommendations. Therefore the inspector has carried these forward for review at the next inspection. It is the expectation of the inspector that full compliance will then be found. Details can be viewed in the section immediately following this summary.

During the course of the inspection, the inspector met with patients, staff and two visiting health professionals. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

Staff were observed to be respectful to patients and attentive to patients' needs. The two visiting professionals informed the inspector staff ensured any recommendations made pertaining to patient care was actioned.

The focus of the inspection was to review the progress made in addressing the requirements and recommendations of the previous inspection. The inspector also undertook a tour of the premises and reviewed nursing care records. During the inspection the inspector also met with staff on duty. The inspector found staff to be very caring towards patients.

The environment at the time of inspection was observed to be clean and fresh. There were no malodours present at the time of inspection. Areas of concern were identified by the inspector and were discussed with Mr Murphy. These areas included the lack of storage space in some patients' bedrooms, the need to include shower and bath chairs in the cleaning and infection control audits of the home and a rolling programme of upgrading of bedroom furniture should be implemented.

A more systematic approach to assessment and care planning is required. Nursing staff must ensure risk assessments are fully completed from the time of admission and evidence of regular evaluation is in evidence.

Staffing arrangements for the home were reviewed. Generally the review of the staff duty rota evidenced compliance with RQIA's staffing guidance for Nursing Homes, 2009. The exception being instead of three registered nurses being on duty from 08:00 to 14:00 hours there were only two registered nurses on duty.

Requirements have been made in respect of the areas discussed above and further detail may be found in section 5.0, additional areas examined, of this report.



## Conclusion

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to;

- nursing care records
- the environment
- staffing arrangements

Therefore, three requirements have been made. Two requirements and two recommendations have been restated. Two requirements and two recommendations have been carried forward for review at the next inspection. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the responsible person, registered nurses and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues of the inspection of 18 February 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	32 (h)	<p>The registered person shall give notice in writing to the RQIA as soon as it is practicable to do so, if any of the following events takes place or is proposed to take place</p> <ul style="list-style-type: none"> <li>• The premises of the nursing home are significantly altered or extended</li> </ul>	<p>The inspector verified this requirement had been addressed. The responsible person advised that he had discussed the situation with the estates inspector, Colin Muldoon on 15 April 2014. At this time the responsible person was advised that as there was no structural change to the home there was no change to the registration information of the home. The change that had taken place was a reduction in the size of the designated smoking room. The responsible person was advised to ensure the registration team in RQIA should be informed. The inspector was advised this had been done.</p>	Compliant
2	20 (1) ( c ) (1)	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of patients- ( c ) ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other appropriate training to the work they are to perform to include;</p> <ul style="list-style-type: none"> <li>• safeguarding vulnerable adult training annually including senior persons from the company who provide on-call</li> </ul>	<p>The inspector verified this requirement had been addressed. The inspector reviewed the staff training record. The review evidenced 45 staff had completed training in respect of the safeguarding of vulnerable adults (SOVA). The review of training records also evidenced the responsible person had completed SOVA training in November 2013.</p>	Compliant

		<p>management duties</p> <p>The registered manager is requested to confirm compliance rates with the above training when returning the Quality Improvement Plan (QIP).</p>		
3	15 (2) (a) & (b)	<p>The registered person shall ensure that the assessment of the patient’s needs is;</p> <ul style="list-style-type: none"> <li>• kept under review; and</li> <li>• revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, and by ensuring:</li> <li>• assessments reflect discussion and agreement regarding the use of restraint with the relevant stakeholders</li> <li>• care management information regarding admission/ reviews are sourced / available to inform decision making</li> <li>• risk assessment should be recorded on admission using validated risk assessments</li> <li>• pain assessment should be undertaken when patients are prescribed analgesia</li> </ul>	<p>The inspector was unable to verify this requirement had been fully addressed. The inspector reviewed two patients’ care records. The review evidence further work was required to ensure care records are maintained in accordance with regulation and professional standards. Particular attention must be given to demonstrating staff have consulted with the patient and/or their representative regarding the planning of care.</p>	Substantially Compliant

		<ul style="list-style-type: none"> <li>• Waterlow and Braden assessments are not used concurrently</li> <li>• photocopies should not be taken from erased copies of patient documentation to use as new charts</li> <li>• Review the use of all risk assessments to ensure they are validated / supported with an evidence base</li> <li>• Include the use of photography (with patient consent) as part of the wound assessment process</li> </ul>		
4	16 1 & 2 (b)	<p>The registered person must ensure that care plans are kept under review and the following information is recorded :</p> <ul style="list-style-type: none"> <li>• specific care in relation to bedrails as identified</li> <li>• accurate food and fluid charts as identified</li> <li>• accurate fluid balance chart when urinary catheter in situ</li> <li>• accurate repositioning and skin inspection charts when at risk of developing pressure ulcers</li> <li>• care plan regarding seating when at risk of pressure ulcers</li> </ul>	<p>The inspector was unable to verify this requirement had been fully addressed. The review of two patients' care records did not evidence the following:</p> <ul style="list-style-type: none"> <li>- fluid intake recording was not completed in a diligent manner. Patients progress notes should reflect patients fluid intake over a 24 hour period.</li> <li>- nursing staff were not accurately recording the fluid intake and output where a urinary catheter was in situ</li> <li>- care records did not evidence a validated assessment in respect of pain management was in use nor was the effectiveness of analgesia being reviewed.</li> </ul>	Moving towards Compliance

		<ul style="list-style-type: none"> <li>care plan / evaluation in relation to pain management as identified</li> </ul>		
5	10 (3)	<p>The registered manager shall undertake from time to time such training as is appropriate to ensure that s/he has the experience and skills necessary for managing the nursing home by ensuring</p> <ul style="list-style-type: none"> <li>any outstanding mandatory or management training for the registered manager is undertaken.</li> </ul>	<p>The inspector was unable to assess this requirement as the registered manager was on a period of leave and records were not available.</p> <p>This requirement is carried forward for review at the next inspection.</p>	Not Assessed
6	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> <li>seeking guidance from the infection control nurse in the local health and social care Trust and confirm that the decontamination process for the commode receptacles is in keeping with the Northern Ireland Regional Infection Prevention and Control Manual</li> <li>replacing chairs and cushions deemed not fit for purpose</li> </ul>	<p>The inspector was unable to assess this requirement due to the unavailability of the registered manager. Nursing staff in charge of the home at the time of inspection were unable to inform the inspector as to the status of action taken, or not, regarding this requirement.</p> <p>This requirement is carried forward for review at the next inspection.</p>	Not Assessed

		<ul style="list-style-type: none"> <li>undertaking environmental audits to ensure that cleaning schedules are carried out to an acceptable standard.</li> </ul>		
7	27 (2) (t)	<p>Ensure a risk assessment and any corrective action is undertaken to manage health and safety in relation to:</p> <ul style="list-style-type: none"> <li>a trip hazard in an identified bathroom</li> </ul>	The inspector verified this requirement had been addressed. The inspector viewed the identified bathroom and confirmed corrective action had been taken and there was no longer a potential risk for patients.	Compliant
8	27 (4) (d) (1)	<p>The registered person shall make adequate arrangements for detecting, <b>containing</b> and extinguishing fires by:</p> <ul style="list-style-type: none"> <li>it is required that the management of the identified fire door is reviewed urgently. If patients request that their bedroom door is kept open the door must be held open by a mechanism which is linked to the fire alarm system.</li> </ul>	The inspector verified this requirement had been addressed. The inspector was informed by the responsible person that 44 automatic door closures had been put onto bedroom doors. The door closures are linked into the fire alarm system. The inspector viewed a number of patients' bedrooms and confirmed the door closures were present.	Compliant
9	19 (1) (b)	The registered person shall ensure that all records retained in the home are kept securely.	The inspector verified this requirement had been addressed. A range of new cupboards had been built in the nurses' office. All records were being retained within the cupboards and were secure.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	26.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• a policy is developed pertaining to the arrangements for the Regulation 29 visit by 31 march 2014.</li> <li>• the identity of patients and staff is redacted in the reports.</li> <li>• the nominated person's opinion of the standard of nursing provided in the home should be robustly evidenced in the report.</li> <li>• information pertaining to the availability of the Regulation 29 visits is provided to patients and their representatives.</li> <li>• the annual quality report incorporates evidence from a range of quality assurance processes and outcomes and outline the action taken to address any deficits identified.</li> </ul>	<p>The inspector was unable to verify this recommendation had been fully addressed. The inspector reviewed the areas detailed in the recommendation. All had been addressed with the exception of:</p> <ul style="list-style-type: none"> <li>• the annual quality report incorporates evidence from a range of quality assurance processes and outcomes and outline the action taken to address any deficits identified.</li> </ul>	Substantially Compliant

2	16.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• the policy / procedure in relation to safeguarding vulnerable adults is revised to fully reflect and reference all DHSSPS guidance, regional protocols (N Ireland) and local procedures issued by the Health and Social Care Trusts (HSCT).</li> <li>• the revised policy / procedure is made available to staff and included in the SOVA training programme.</li> <li>• registered nurses know where guidance documents, such as “Let’s talk about restraint” Rights, risk and responsibility (RCN 2008)” are located</li> <li>• staff are reminded regarding the content of the whistleblowing policy and that it is included in SOVA training.</li> </ul>	<p>The inspector was unable to verify this recommendation had been fully addressed. The inspector reviewed the areas detailed in the recommendation. All had been addressed with the exception of:</p> <ul style="list-style-type: none"> <li>• staff are reminded regarding the content of the whistleblowing policy and that it is included in SOVA training.</li> </ul> <p>The inspector was unable to evidence that staff had received an update and or read the content of the home’s whistleblowing policy.</p>	Substantially Compliant
---	------	--	---	-------------------------



3	16.2	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>induction records are dated and evidence that the registered manager has reviewed the completed programme, validated the employee's knowledge and/or confirmed successful completion of the induction programme</li> </ul>	<p>The inspector was unable to assess this recommendation due to the unavailability of the registered manager. Nursing staff in charge of the home at the time of inspection were unable to inform the inspector as to the status of action taken, or not, regarding this recommendation.</p> <p>This recommendation is carried forward for review at the next inspection.</p>	Not Assessed
4	5.5	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>when patients are seated in wheelchairs that a cushion is used in accordance with the manufacturer's instructions and the assessed needs of the individual patient.</li> </ul>	<p>The inspector was unable to assess this recommendation due to the unavailability of the registered manager. Nursing staff in charge of the home at the time of inspection were unable to inform the inspector as to the status of action taken, or not, regarding this recommendation.</p> <p>This recommendation is carried forward for review at the next inspection.</p>	Not Assessed

5	28.4	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• evidenced based literature is included in revised policies regarding wound care and the prevention and management of pressure ulcers</li> <li>• all registered nurses undertake wound care training</li> <li>• all care staff complete training in relation to pressure area care and the prevention of pressure ulcers.</li> </ul> <p>The registered manager is requested to confirm compliance rates with the above training when returning the Quality Improvement Plan (QIP).</p>	<p>The inspector verified this recommendation had been addressed. The inspector reviewed staff training records which evidenced:</p> <ul style="list-style-type: none"> <li>- 20 staff had completed pressure ulcer awareness training in May 2014</li> <li>- 3 registered nurses had completed training in dressing selection in March 2014</li> <li>- 18 staff had completed training in wound management in October 2013</li> <li>- The homes policy on wound care management had been revised in August 2014 and included best practice guidance.</li> </ul>	Compliant
---	------	---	--	-----------

#### **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.

There has been nil .notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast health and Social Care Trust.

## 5.0 Additional Areas Examined

### 5.1 Nursing care records

The inspector selected two patients' care records for review. The following comments were made:

- risk assessments and assessment of need should evidence regular review. The review of one patient's care records evidenced review/evaluation had not been undertaken from May 2014.
- clinical observations should be completed on a regular basis i.e. monthly.
- patients should be weighed monthly or more frequently if required. It was stated one patient could not be weighed due to physical disability. The home should provide hoist scales, if required.
- a validated risk assessment for skin care should be used. The preferred assessment in Northern Ireland is Braden .
- the review of one patient's care record did not evidence the patient had been weighed on or from admission. The nutritional awareness assessment had not been completed
- a validated risk assessment for pain should be used. The inspector did not observe an assessment for pain in care records.
- a system for assessing the effectiveness of analgesia should be present in care records.
- greater attention should be given to catheter care. Nursing staff should record patients' urinary output in the individual's progress record.
- evidence should be present of the fluid intake of any patient has been totalled for the 24 hour period and validated by a registered nurse.
- evidence should be present in care records of consultation with the patient and/or their representative in relation to the planning of care.
- evidence should be present of the regular auditing of care records. Audits should evidence that where a shortfall has been highlighted remedial action has taken place.

A requirement has been made in relation to assessment and care planning.

### 5.2 Staffing Arrangements

The inspector reviewed the staff duty rota. Louisville is registered for 48 patients. At the time of inspection 42 patients were in the home. The review of the duty rota evidenced that two registered nurses were on duty from 08:00 to 20:00 hours. RQIA's Staffing guidance for Nursing Homes, 2009 recommends the following for 42 to 48 patients:

08:00 – 14:00 3 registered nurses and 6 care assistants  
 14:00 - 20:00 2 registered nurses and 6 care assistants  
 20:00 – 08:00 2 registered nurses and 2 care assistants

At the time of inspection there were two registered nurses on duty from 08:00 – 14:00 hours. Both the registered manager and deputy manager were on leave. This was discussed with the responsible person who agreed to ensure staffing levels were in accordance with RQIA's recommended staffing. A requirement has been made.

Staffing arrangements for night time i.e. 20:00 hours to 08:00 hours were within recommended guidelines.

### **5.3 The environment**

The inspector undertook an inspection of the premises. The home was found to be clean and tidy. There were no malodours evident at the time of inspection. Three areas of concern were discussed with the responsible person:

- there was a lack of storage space for male patients in their bedrooms. The inspector observed shaving equipment and toiletries being stored on bedside cabinets or movable bedside tables. An adequate amount of storage space should be available for any patient in their bedroom. Storage units should be appropriate for their function.
- the underneath of shower/bath chairs in bathrooms and shower room required a deep clean. These areas should be included in the infection control audit for the home. The inspector was unable to view the infection control audit at the time of inspection as nursing staff did not know where it was.
- the inspector observed a variety of furniture in patients' bedrooms. The furniture did not always match i.e. mixtures of white, light and dark coloured wood. This did not enhance the appearance of bedrooms. A rolling programme of upgrading of patients bedroom furniture should be implemented.

A requirement has been made in respect of the environment.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raymond Murphy, responsible person, 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:

**Heather Sleator  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan Unannounced Secondary Inspection

Louisville Private Nursing Home

13 August 2014

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 Raymond Murphy, responsible person, either during or after 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.





<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	15 (2) (a) & (b)	<p>The registered person shall ensure that the assessment of the patient's needs is;</p> <ul style="list-style-type: none"> <li>• kept under review; and</li> <li>• revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually, and by ensuring:</li> <li>• assessments reflect discussion and agreement regarding the use of restraint with the relevant stakeholders</li> <li>• risk assessment should be recorded on admission using validated risk assessments</li> <li>• pain assessment should be undertaken when patients are prescribed analgesia</li> <li>• Waterlow and Braden assessments are not used concurrently</li> <li>• Review the use of all risk assessments to ensure they are validated / supported with an evidence base</li> <li>• Include the use of photography (with patient consent) as part of the wound assessment process</li> </ul> <p><b>This requirement has been restated from the previous inspection report.</b></p>	Two	Careplans and risk assessments are reviewed on at least a monthly basis. However if patients needs change or upon readmission to the home the said careplans will be reassessed. These issues have been discussed and ensure care plans are maintained through an auditing process.	From the time of the inspection



2	16 1 & 2 (b)	<p>The registered person must ensure that care plans are kept under review and the following information is recorded :</p> <ul style="list-style-type: none"> <li>• accurate food and fluid charts as identified</li> <li>• accurate fluid balance chart when urinary catheter in situ</li> <li>• accurate repositioning and skin inspection charts when at risk of developing pressure ulcers</li> <li>• care plan regarding seating when at risk of pressure ulcers</li> <li>• care plan / evaluation in relation to pain management as identified</li> </ul> <p><b>This requirement has been restated from the previous inspection report.</b></p>	Two	<p>These issues have been discussed with all staff and group supervision given. these are in place now. All these will be evaluated and appropriate actions will be taken.</p>	From the time of the inspection
3	10 (3)	<p>The registered manager shall undertake from time to time such training as is appropriate to ensure that s/he has the experience and skills necessary for managing the nursing home by ensuring</p> <ul style="list-style-type: none"> <li>• any outstanding mandatory or management training for the registered manager is undertaken</li> </ul> <p><b>This requirement has been carried forward for review at the next inspection.</b></p>	One, carried forward from QIP of 18 August 2014	<p>All mandatory trainings have been taken and all upcoming trainings will be resourced and will be attended.</p>	From the time of the inspection



4	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients and staff by:</p> <ul style="list-style-type: none"> <li>• seeking guidance from the infection control nurse in the local health and social care Trust and confirm that the decontamination process for the commode receptacles is in keeping with the Northern Ireland Regional Infection Prevention and Control Manual</li> <li>• replacing chairs and cushions deemed not fit for purpose</li> <li>• undertaking environmental audits to ensure that cleaning schedules are carried out to an acceptable standard.</li> </ul> <p><b>This requirement has been carried forward for review at the next inspection.</b></p>	One, carried forward from QIP of 18 August 2014	<p>NI Infection Control Guidelines have been followed and are available for all staff.</p> <p>Any chairs, cushions have been replaced or repaired.</p> <p>An environmental audit has been implemented and in situ.</p>	From the time of the inspection
---	--------	---	---	--	---------------------------------



5	16 (1)	<p>The registered person shall ensure that a written plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p><b>Ref: 5.1. nursing care records.</b></p>	One	Care plans are discussed with patients or their next of kin, when their care needs change.	From the time of the inspection
6	20 (1) (a)	<p>The registered person shall. Having regard to the size of the nursing home, the statement of purpose and the number and needs of patients-</p> <p>(a) ensure that at all times, suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p><b>Ref: 5.2 Staffing Arrangements.</b></p>	One	Duty rotas have been amended to comply with appropriate staffing levels.	From the time of the inspection
7	18 (2) (c)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients-</p> <p>(c) provide in rooms occupied by patients adequate furniture, bedding, and other furnishings including curtains and floor covering, and equipment suitable to the needs of patients and screens where necessary.</p> <p><b>Ref: 5.3 The environment.</b></p>	One	An ongoing programme is in situ and will continue into 2015.	Three months





<b>Recommendations</b>					
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	26.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>the annual quality report incorporates evidence from a range of quality assurance processes and outcomes and outline the action taken to address any deficits identified.</li> </ul> <p><b>This recommendation has been restated from the previous inspection report.</b></p>	Two	The quality annual report is currently being completed and will be completed within the timescale.	February 2015
2	16.1	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>staff are reminded regarding the content of the whistleblowing policy and that it is included in SOVA training.</li> </ul> <p><b>This recommendation has been restated from the previous inspection report.</b></p>	Two	Training in relation to whistleblowing has been carried out between August - September 2014, Policy available for all staff.	One month



3	16.2	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>induction records are dated and evidence that the registered manager has reviewed the completed programme, validated the employee's knowledge and/or confirmed successful completion of the induction programme</li> </ul> <p><b>This recommendation has been carried forward for review at the next inspection.</b></p>	One, carried forward from QIP of 18 August 2014	The acting Nurse Manager has signed and dated the induction programme for staff.	From the time of the inspection
4	5.5	<p>It is recommended that:</p> <ul style="list-style-type: none"> <li>when patients are seated in wheelchairs that a cushion is used in accordance with the manufacturer's instructions and the assessed needs of the individual patient.</li> </ul> <p><b>This recommendation has been carried forward for review at the next inspection.</b></p>	One, carried forward from QIP of 18 August 2014	Staff to be instructed on correct use of wheelchairs and cushions.	From the time of the inspection



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 and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

Name of Registered Manager Completing Qip	Geetha Rajappan Acting Interim Manager
Name of Responsible Person / Identified Responsible Person Approving Qip	Raymond Murphy Sr.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	[Signature]	06/01/2015
Further information requested from provider			

