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## **Unannounced Care Inspection Louisville**

**18 January 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 10.00 to 16.00.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 24 June 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 24 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	6*

\*The total number of recommendations includes 2 recommendations stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Geetha Rajappan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Barry Murphy	<b>Registered Manager:</b> Geetha Rajappan
<b>Person in Charge of the Home at the Time of Inspection:</b> Geetha Rajappan	<b>Date Manager Registered:</b> 5 August 2015
<b>Categories of Care:</b> NH-PH, NH-PH(E), NH-TI, NH-I	<b>Number of Registered Places:</b> 48
<b>Number of Patients Accommodated on Day of Inspection:</b> 40	<b>Weekly Tariff at Time of Inspection:</b> £593 - £623 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the level of compliance attained.

## 4. Methods/Process

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

- discussion with the registered manager
- discussion with the responsible person
- discussion with the registered nurses
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; three care staff, two registered nurses and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 24 June 2015

The following records were examined during the inspection:

- duty rotas for nursing and care staff for the week commencing 11 January 2016
- care records relating to:
  - restrictive practice
- staff training records
- quality audits including audits of infection control measures

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 24 June 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (1) (e)  <b>Stated:</b> First time	The registered person must ensure that the categories of care on the registration certificate displayed in the home reflect the patients they accommodate in their home. An application for additional categories must be submitted to the Regulation and Quality Improvement Authority.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered person submitted an application to RQIA regarding the additional categories. The application was approved and a new certificate of registration was issued. The certificate was displayed in the entrance lobby of the home.	
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 36.1  <b>Stated:</b> First time	The registered person shall ensure policies and procedures for all operational areas of the home are in accordance with statutory requirements and are readily available.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of a number of policies including policies on palliative care and restrictive practice did not evidence these policies reflected current best practice and regional guidelines. This was discussed with the registered manager and the recommendation is stated for a second time.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that infection prevention and control measures are taken in relation to storage, cleanliness, and use of facilities, use of equipment and outcomes of identified actions.</p> <p>Evidence of the remedial action taken where shortfalls are highlighted, following the completion of an infection control audit, should be available.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A good standard of cleanliness and hygiene was evident however storage in the home remains problematic. Equipment was being inappropriately stored in some areas of the home. This was discussed with the registered manager who agreed to ensure sluice rooms and bathrooms were kept clear. The registered person agreed to review storage availability in the home to address the issues identified on inspection. This recommendation is stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the induction training programme for newly appointed staff reflects the roles and responsibilities of the differing grades of staff.</p> <p>Information on palliative/end of life care and/or death and dying should be included.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The induction training programmes for registered nurses and care assistants were viewed. The programmes reflected the roles and responsibilities of the two grades of staff. Palliative and end of life care was included.</p>	<p><b>Met</b></p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time	The responsible persons will ensure that all patients accommodated in the home will have their personal hygiene needs met on a daily basis and as and when required to protect their dignity.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients appeared well groomed. A daily personal care record is completed by care staff. Staff complete the record for the patients they have assisted to wash and dress in the morning. Evidence should be present that registered nurses and/or the registered manager are monitoring the record.	

### 5.3 Additional Areas Examined

#### 5.3.1 Nutrition, Meals and Mealtimes

The day's menu displayed in the dining room did not evidence there was a choice of meals at the midday meal. This was discussed with the chef who stated if patients do not like the meal served, soup would be provided. This arrangement also applied to patients who require a therapeutic diet. The review of the three week rotational rota also evidenced a number of occasions during the week when soup and sandwiches were served. The evening meal tended to comprise of processed food which had a high fat content i.e. sausage rolls or chicken goujons. This was discussed with the registered manager. The menu should offer patients a choice of meal at each mealtime or, when the menu offers only one option, an equally nutritious alternative which reflects the patient's preference should be provided. Patients who require a therapeutic diet should also be afforded a choice at mealtimes. The home should retain a record of patients' meal choice on a daily basis. The registered manager was advised the menu should be revised to ensure it affords variety for patients and that the menu is nutritionally balanced. Two recommendations have been made.

Food debris was observed on the wall and skirting board of the dining room. Dining tables were also observed to have a build-up of food debris on the rim of the tables. This was discussed with the registered manager who stated catering staff were responsible for the cleaning of the dining room. A recommendation has been made that the dining tables are deep cleaned, food debris removed from the walls and the cleaning of the dining room is monitored by the registered manager.

#### 5.3.2 Restrictive Practice

The registered manager stated a number of new recliner style armchairs had been purchased. The new chairs were observed in both lounge areas and appeared attractive and comfortable. However, the chairs were observed to be in the 'reclined' position and patients were unable to independently get out of the chairs. This was discussed with the registered manager as this arrangement could be viewed as a restrictive practice. The registered manager stated staff were not aware of this and had thought they were making the patients comfortable. It was agreed advice would be sought from an occupational therapist and other member of the multidisciplinary in respect of an individual seating assessment and/or agreement for chairs to be used in a reclined position. A recommendation has been made.

Discussion took place with the registered manager as to when training in respect of the use of a restrictive practice had been completed by staff. It was stated it had been a considerable period of time since this training had been completed by staff. As there was confusion as to what was or was not a restrictive practice, a requirement has been made that training is made provided to staff in the near future. A review of the policy on restrictive practice evidenced the information was out of date and did not reflect current best practice. A recommendation was made that a policy was written which reflected regional guidelines. The policy should be shared with staff and evidence retained that staff have read the revised policy documentation.

### 5.3.3 The Environment

As previously discussed in recommendation 2 of this report, storage of equipment in the home was problematic due to limited identified storage space. A privacy screen and hoist and sling were observed in the sluice on the ground floor. This was discussed with the registered manager and the housekeeper. Alternative storage was found for the items by the end of the inspection, however the registered persons should review the situation so as to ensure all equipment or aids are stored appropriately in future. A recommendation regarding the adherence to infection prevention and control guidelines in relation to storage has been stated for the second time.

#### Areas for Improvement

It is recommended the menu is revised to ensure patients the meals provided for patients afford variety and are nutritionally balanced.

It is recommended that where there is only one option on the menu for patients, an equally nutritious alternative which reflects the patient's food preference is provided. Choice must also be offered to patients who require a therapeutic diet.

It is recommended the registered persons ensure a satisfactory standard of cleanliness is present in the dining room. Monitoring of the cleanliness of dining tables and the dining room walls should be in evidence.

It is recommended that the registered persons consult with the multidisciplinary team regarding the use of chairs being in the reclined position. Care records for the individual patients should reflect the recommendations of the consultation.

A requirement has been made that staff undertake training in the use of restrictive practice.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 6. Quality Improvement Plan

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

## **6.1 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 (Northern Ireland) 2005.

## **6.2 Recommendations**

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

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 20 April 2016</p>	<p>The registered person must ensure staff complete training in the use of restrictive practice.</p> <p><b>Ref: Section 5.3.2</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff members have read and signed the Restraints Policy. Training is ongoing and will be completed in full by the specified date.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person shall ensure policies and procedures for all operational areas of the home are in accordance with statutory requirements and are readily available.</p> <p>Priority should be given to policies on palliative and end of life care and restrictive practice.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is ongoing and will be completed in full by the recommended date.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person shall ensure that infection prevention and control measures are taken in relation to storage, cleanliness, and use of facilities, use of equipment and outcomes of identified actions.</p> <p>Evidence of the remedial action taken where shortfalls are highlighted, following the completion of an infection control audit, should be available.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Home has identified an existing storage facility on the ground floor as a replacement.</p> <p>This area was previously the domestic storage facility which is now located in a locked storage room in the basement of the Home.</p> <p>The existing store provides adequate space for all four hoists in the Home.</p> <p>All sluice rooms have been cleared of any equipment.</p> <p>Evidence of infection controls audits are in situ.</p> <p>Recommendations following an infection control audit are actioned and evidence readily available.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.13</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 February 2016</p>	<p>The registered person shall ensure the menu offers either a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an equally nutritious alternative which reflects the patients' food preference is provided. This includes an alternative choice of hot meals and any special dietary requirements.</p> <p><b>Ref: Section 5.3.1</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person shall ensure the menu is revised so as a nutritionally balanced and varied menu is provided for patients.</p> <p><b>Ref: Section 5.3.1</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A choice of meals at each mealtime is available to all residents.</p> <p>This includes an alternative choice of hot meals and any special dietary requirements.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 February 2016</p>	<p>The registered persons shall ensure the dining room and dining furniture are maintained to a high standard of cleanliness.</p> <p><b>Ref: Section 5.3.1</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A dietian with the Belfast Trust has been contacted and a copy of the three weekly menus has been provided.</p> <p>The Home has requested the dietian to review the menus and will liaise going forward to ensure that an enhanced nutritionally balanced and varied menu is provided to patients in the Home.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A deep clean in the dining room has taken place and a daily cleaning schedule is in place.</p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 29 February 2016</p>	<p>It is recommended that the registered persons consult with the multidisciplinary team regarding the use of chairs being in the reclined position. Care records for the individual patients should reflect the recommendations of the consultation.</p> <p><b>Ref: Section 5.3.2</b></p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The multidisciplinary team has been contacted. They have advised that they will liaise with the Community OT (Nursing Home Support Team) and visit the premises to give written / formal recommendations at the earliest opportunity.</p> <p>In the meantime, the Home are not reclining any residents until confirmation from the OT / TVN has been received.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Geetha Rajappan</p>	<p><b>Date Completed</b></p>	<p>29.02.16</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Barry Murphy</p>	<p><b>Date Approved</b></p>	<p>29.02.16</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Heather Sleator</p>	<p><b>Date Approved</b></p>	<p>01.03.16</p>

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