

Unannounced Care Inspection Report 14 September 2017



Nicholson House

Type of Service: Nursing Home
Address: 8 Antrim Road, Lisburn, BT28 3DH
Tel no: 028 9267 4126
Inspector: Sharon Loane

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Provider: Nicholson House Responsible Individuals: Mrs Ruth Mary Johnston Mr Andrew Johnston	Registered Manager: Mrs Ruth Mary Johnston
Person in charge at the time of inspection: Pauline Adair, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: 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.	Number of registered places: 33

4.0 Inspection summary

An unannounced inspection took place on 14 September from 06.45 to 14.00 hours. The inspection was undertaken due to whistle blowing contact received by RQIA in September 2017. The concerns raised by the whistle-blower related to early morning practices; staffing levels and the potential inappropriate placement of a patient. As a result of this inspection, the allegations of the whistle-blower have been partially substantiated. The inspector accompanied by the nurse in charge, did either check or observe patients whilst they were in bed and found no evidence that any were washed or dressed at the time of the commencement of the inspection. There was however written evidence that staff were directed to assist up to six patients with washing and dressing from as early as 05.00 hours. This written instruction was later explained as an error in recording and should have been noted as 06.00 hours. Refer to section 6.4 for further detail.

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

There was good practice found in relation to; the home environment, infection prevention and control, the management of accidents and incidents, communication between residents, staff and other key stakeholders, dignity and privacy, listening to and valuing patients and their representatives.

A number of positive comments were received from staff, patient representatives and patients. Patients said they were happy with the care provided and enjoyed living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Nicholson House were below the minimum standard expected. A decision was taken to hold an intention meeting to issue a failure to comply notice in relation to recruitment processes and a serious concerns meeting in respect of deployment of staff, care and record keeping issues. Both meetings took place at RQIA on 21 September 2017.

During the intention meeting the responsible individuals acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulation. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the failure to comply notice.

During the serious concerns meeting, the responsible individuals acknowledged the failings and provided a robust action plan detailing the actions taken or to be taken to ensure compliance with the regulatory breaches identified. RQIA were again satisfied with the information and assurances provided.

A further inspection will be undertaken to validate compliance and drive necessary improvements.

Areas requiring improvement were identified across all four domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	*8

*The total number of areas for improvement includes two areas for improvement under the standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Adair, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further inspection is planned to validate compliance and drive improvements.

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

4.2 Action/enforcement taken following the most recent inspection dated 3 August 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

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

During the inspection the inspector met with six patients, eight staff, and one patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

The following records were examined during the inspection:

- staffing arrangements in the home
- one staff personnel file to review recruitment processes
- staff induction
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- seven patient care records
- a review sample of patient care charts including food and fluid intake charts and reposition charts
- governance arrangements
- complaints record
- staff meetings
- a selection of policies and procedures
- RQIA registration certificate
- monthly quality monitoring reports in accordance with DHSSPS Care Standards for Nursing Homes 2015

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time	The registered provider should ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.	Partially met
	Action taken as confirmed during the inspection: A review of training records evidenced that mandatory training had been completed in the majority of areas reviewed. However, it was noted that only four staff had completed safe moving and handling. A review of the training records for the previous year also evidenced that some staff had not achieved their mandatory training requirements. This would indicate that the systems in place are not yet sufficiently robust. Therefore this area for improvement has not been fully met and has been stated for a second time.	

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions; and • Any actions agreed. 	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A discussion with staff and a review of information evidenced that this area for improvement has not been fully met and has been stated for a second time. Refer to section 6.4 for further detail.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the care planning process in operation meets the assessed needs of patients and reflects the current assessment of needs and care interventions required.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Care records examined did not did evidence a systematic approach to assessing, planning and evaluating care. Risk assessments and care plans were either not in place, or sufficiently reviewed in response to changing needs of patients.</p> <p>Therefore this area for improvement has been subsumed into an area for improvement under regulation.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria 8</p> <p>Stated: First time</p>	<p>A recommendation has been made that records are maintained of fluid intake and/or output for any patient who has had an indwelling catheter inserted to manage urinary output. Records should be maintained in accordance with best practice guidelines.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records pertaining to this area of care evidenced that this area for improvement had been met. Records were maintained in accordance with best practice.</p>		

Area for improvement 5 Ref: Standard 13 Stated: First time	The registered provider should ensure supervisions are completed with staff commensurate with their roles and responsibilities in regards to adult safeguarding procedures to ensure that they are knowledgeable in this regard and appropriate actions are taken to address any learning needs.	Met
	Action taken as confirmed during the inspection: Discussion with staff demonstrated that they were knowledgeable in this area of practice and were also able to identify the safeguarding champion for the home.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered provider should ensure that robust systems are in place to monitor and report on the delivery of nursing care and other services provided, in particular, the auditing processes in relation to care records.	Not met
	Action taken as confirmed during the inspection: At this inspection we were not assured that the systems in place were sufficiently robust and/or adequate to monitor and report on the quality of nursing and other services provided in the home. Given the findings of this inspection this area for improvement has been subsumed into an area for improvement under regulation.	

6.4 Is care safe?

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

As previously reported in section 4.0, information received by RQIA from a whistle-blower raised concerns regarding early morning practices. It was alleged that staff were directed to wash and dress patients from 05.00 hours to ease the day routines of the home. It was further alleged that staffing levels were not being adjusted to meet the increased dependency levels of patients in the home.

The inspector accompanied by the nurse in charge, did either check or observe patients whilst they were in bed and found no evidence that any were washed and dressed at the commencement of the inspection. Following discussion with staff on duty at the time of the inspection, and following review of written information, it was confirmed that staff were directed by management to complete personal care and assist up to six patients to be washed and dressed from as early as 05.00 each day. This information was discussed during the serious concerns meeting and the responsible individual advised that this was a recording error and should have been 06.00 am. A review of daily progress notes for some patients evidenced that they had been assisted with personal care from 6.00am. Whilst it would be permissible for patients to rise from 06.00 hours, a review of patient's assessment of needs and care plans did not provide evidence to demonstrate patient consent for this early morning intervention.

We observed that staff were busy on the morning of the inspection, assisting patients to wash and dress, have showers and assist with breakfast. It was noted that some patients were still being got up and receiving their breakfast after 11.30am.

Discussion with the deputy manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were generally adhered to.

During the serious concerns meeting, the responsible individual confirmed that dependency levels were kept under review to determine staffing requirements and stated that the staffing levels in place exceeded what actually was required. Furthermore, the responsible individual provided assurances that the early morning practices were not implemented due to operational issues and acknowledged that the decision making process should be clearly recorded within the care records and a care plan in place to evidence this patient choice and consent.

Whilst this was acknowledged, the observations made at the time of the inspection evidenced that although there appeared to be adequate numbers of staff on duty; some patients' needs were not being met in a timely manner. Therefore, the deployment of staffing in the home should be reviewed in regards to the morning routine to ensure the delivery of care. This has been identified as an area for improvement under regulation.

At the inspection, staff were advised by the inspector that the early morning practices should cease with immediate effect until agreements had been sought from patients and their representatives and care plans in place to reflect same. This has been included as an area for improvement under the compassionate domain.

A review of a personnel file for one employee evidenced that an AccessNI enhanced disclosure check had not been secured by Nicholson House until four weeks after records indicate that employment had commenced. Further records, submitted post-inspection to RQIA confirmed that the staff member had worked in the home prior to the receipt of AccessNI clearance. Records of reference checks for this staff member were also not available within the personnel file of the employee at the time of inspection.

Further discussion identified a volunteer who had recently been recruited to work in the home. RQIA were unable to establish if this volunteer had been recruited appropriately as there was no recruitment file available for inspection.

Given the identified concerns and the potential risks to patients, as previously discussed a meeting was held with the intention to serve a failure to comply notice in respect of Regulation 21 (1) (b). At this meeting an action plan was provided and assurances were given that necessary actions had been taken to ensure compliance in this area. These included but not limited to; a checklist in relation to recruitment processes; update policy on recruitment and selection, develop new policy on AccessNI procedure. In addition to the above, the recruitment files for both persons were provided and a review evidenced that these included all the necessary documentation. RQIA advised that going forward these records should be kept in the nursing home and are always available for inspection. The responsible individuals advised that enhanced monitoring governance systems have been implemented to assure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

Given the actions taken, information and assurances provided, a decision was made by RQIA not to serve the failure to comply notice. However, an area for improvement has been made under regulation to address the shortfalls identified at this inspection and a further inspection will be undertaken to ensure that compliance with regulation is achieved and sustained.

A review of information for one staff member evidenced that a basic training record of instruction had only been completed at the commencement of their employment. A discussion with the staff member confirmed that no other records of induction were completed and they had not completed any mandatory training apart from fire safety. The staff member advised that they had completed relevant training in their previous employment however; there was no evidence that certificates had been requested by their new employer to determine their suitability and fitness for their role and responsibilities. An area for improvement in relation to the induction process has been identified under the care standards.

A review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. However, it was noted that only four staff had completed safe moving and handling for 2017/18. There was no evidence that training had been planned to address this shortfall. Furthermore, a review of training records for 2016/17 evidenced that some staff had also not completed training in this area of practice. This would indicate that the governance arrangements were not sufficiently robust to ensure that staff had up to date mandatory training. As discussed previously, a new employee had not been provided with the relevant training to ensure that they had the necessary knowledge, skill and competency for their roles and responsibilities. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

A review of records evidenced that arrangements were in place for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). However, records reviewed evidenced that the last checks completed for the registration status of nurses on the NMC register was April 2017. At the time of the inspection, there was evidence that two registered nurses were due to renew their registration at the end of July and August 2017. There was no evidence available that re-registration checks had been completed. The necessary checks were completed by RQIA during the inspection process and confirmation was received that both staff members had a live registration with the NMC. These findings evidenced that the governance arrangements were not sufficiently robust and has been identified as an area for improvement under the well-led domain.

As discussed previously, staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff confirmed there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A range of risk assessments were generally completed as part of the admission process and were reviewed as required. However, shortfalls were identified in relation to the nursing process. Please refer to section 6.5 for further detail regarding the assessment of need and care planning process.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patient's bedrooms were personalised with personal memoirs. Patients spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

CCTV cameras were observed in use and had surveillance of areas both outside and inside the home. It was evidenced by the inspector that the cameras in use captured the whereabouts of patients and staff in some corridor and communal lounges areas within the home. The use of CCTV was discussed at length with the deputy manager, who indicated that the cameras were used for security and patient safety. At the time of inspection, a policy was not available. This matter formed part of the discussion held at the serious concerns meeting previously referred to. The registered persons submitted a copy of a CCTV policy dated 20 September 2017. The CCTV policy should be in keeping with RQIA Guidance on the use of Overt Close Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies. A number of areas in the policy require further attention. This has been identified as an area for improvement under the standards.

Infection prevention and control measures were generally adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to; the home environment, infection prevention and control, and the management of accidents and incidents.

Areas for improvement

The following new areas for improvement were identified under regulation; staffing arrangements and recruitment processes. Two new areas for improvement under the standards have been identified in relation to; staff induction and CCTV.

One area for improvement under the standards identified at the last inspection has also been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of seven patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. However, the review did not evidence a consistent approach to the completion of and regular review of risk assessments.

As previously stated, the review of care records, including risk assessments and care plans, identified that they were not developed, maintained and reviewed in response to the changing needs of the patient.

A review of wound care records for an identified patient, evidenced gaps in the delivery of care and documentation was not in keeping with best practice guidelines. Care plans had not been devised and advice and/or a referral had not been made to the Tissue Viability Nurse (TVN) despite registered nurses having identified the wound as a Grade 3.

A review of a care record for an identified patient evidenced that the treatment and care delivered did not adhere to recommendations made by the dietician. There was also evidence within some of the records reviewed that appropriate referrals had not been made to other health care professionals to ensure patient's health and welfare. It was concerning that staff did not recognise this shortfall.

Care records for some patients who presented with behaviours which challenged were not sufficiently robust to ensure risk to the patients and others were appropriately managed.

These findings were concerning, as there was a lack of information to direct and inform the care required to meet patients' health and welfare needs. The care plans in place for patients must evidence that they accurately reflect the current and/or changing needs of the patient through review. This is complicit to the safe and effective delivery of care and an area for improvement has been made under regulation.

There was also a lack of evidence that the registered nurses were reviewing the fluid and food intake of patients within the progress record in care records. There was a lack of evidence within patient care records that registered nurses had identified a daily fluid intake target and subsequent action to be taken if and when the target was not achieved. Supplementary care records should be maintained accurately so as to inform of the wellbeing of the patients.

The concerns identified in patient care records should have been identified through the quality monitoring process in place. The review of the audits of care records evidenced that only four care records had been audited since the beginning of 2017. It was not clear that action had been taken or followed up by management. This was identified as an area for improvement under the standards at the last care inspection.

The shortfalls outlined above were discussed at the serious concerns meeting, as previously stated. At this meeting an action plan was provided by the registered persons and assurances given that necessary actions had been taken to ensure the quality of nursing care afforded to patients in the areas outlined. These included, but were not limited to; a full review of documentation of all patients who have wounds, a full review on the use of supplementary charts, a review of care plans, and training provided for all registered nurses in relation to delivery of care and record keeping. Where omissions had been identified appropriate measures had been implemented including, but not limited to, referral to care management and/or relevant member of the multi-disciplinary team. Again, the registered persons advised that enhanced governance monitoring and governance systems have/or would be implemented to assure the delivery of safe, effective care. Information has been shared with the Trust accordingly.

RQIA were assured by the information and assurances given, however, areas for improvement under regulation have been identified in regards to the quality of nursing care and care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observation of the morning handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

A review of information evidenced that staff meetings were not held on a quarterly basis. Records evidenced that meetings for both care and nursing staff had only occurred once since the last care inspection. Whilst it is acknowledged that additional meetings were scheduled, these did not occur due to operational reasons and had not been re-scheduled within a reasonable timeframe. This was identified as an area for improvement under the standards at the last inspection and has now been stated for a second time.

The majority of staff spoken with stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. Some staff spoken with felt that some improvement was needed between certain grades of staff and management. These comments were discussed at the serious concerns meeting and assurances were given that these would be addressed appropriately to include the scheduling of regular staff meetings. This will be monitored at subsequent care inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders. Staff were observed in their interactions and delivery of care to be compassionate and treated patients with dignity and respect.

Areas for improvement

The following areas for improvement under regulations related to; the quality of nursing care and care records. One area for improvement under the standards which was identified at the last inspection continued not to be met and has therefore been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

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

Throughout the inspection staff were observed quietly attending to patients' needs. We were assured by the observed interactions that patients were treated with dignity and respect. Despite being under obvious time pressures staff were observed responding to patients' needs cheerfully and taking time to reassure patients as required.

Consultation with six patients individually and with others in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. It was evident from staff interactions with patients and vice versa that they knew each other well. Staff demonstrated a detailed knowledge of patients' wishes and individual preferences.

As previously referred to in section 6.4, information provided by a whistle-blower in relation to early morning practices was partially substantiated. This has been discussed in detail under section 6.4. This has been identified as an area for improvement under the standards.

Patients confirmed that they were able to maintain contact with their families and friends. They also advised that there were regular church services to suit different denominations. During the inspection, a member of the clergy was observed visiting some patients. Some patients spoken with advised that at times, "They felt bored and the day was long." Although an activities programme was displayed, we were advised that the person employed to deliver activities had been absent for a number of months and cover had not been obtained to fulfil this role. However, it was confirmed that the member of staff was due to return to work in the very near future. Whilst the home did organise some events, staff acknowledged that these would not have been adequate to provide the patients with daily stimulation. This area of practice will be monitored at a subsequent care inspection.

At the time of the inspection we observed the serving of the breakfast. Catering staff were observed assisting patients as deemed necessary. Staff advised that there was no specific time for the serving of breakfast that it was determined as patients were assisted up, washed and dressed. Some patients observed were assisted with their breakfast whilst resting in bed. While this is acknowledged, the mealtimes including breakfast should be reviewed to ensure that they are promoted as opportunities for social interaction and should be consistent with current best practice guidance as outlined in the Care Standards for Nursing Homes 2015. This has been identified as an area for improvement under the standards.

From discussion with the staff, relatives and observations made there was evidence that the staff cared for the patients and their relatives in a kindly manner.

As previously discussed, questionnaires were issued for distribution to patients and their representatives and staff not on duty at the time of the inspection. One patient, four relatives and four staff had returned their questionnaires, within the timeframe for inclusion in this report. Comments and outcomes were as below.

Patients: the respondent indicated that they were "very satisfied" that the care in the home was safe, effective and compassionate and that the home was well-led. No written comments were included.

Relatives: respondents indicated that they too were very satisfied across all four domains.

Additional written comments included:

“This is an excellent care home. I am so fortunate that my mum is cared for in Nicholson House.”

“Great staff and homely atmosphere.”

Staff: similarly responses received from staff were all very positive.

Additional written comments included:

“Open door policy allows for concern to be heard.”

“I have been working in Nicholson House for 18 years. The care is excellent and we the staff get on great with the residents and their families, and we all treat the residents with the respect that they deserve and have a great manager.”

“We are so lucky we are so well staffed the residents can really get to know us as we never have to use agency staff.”

“The right care comes from management, nurses right down. ... has always stated to us about maintaining residents dignity and to meet their individual care.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

Areas for improvement were identified under the standards in relation to early morning practices and mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

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

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. It was noted that the registered manager was fulfilling other roles in addition to her role. The findings of this inspection evidenced that this was impacting on her ability to fulfil her role and responsibilities with particular reference to the lack of robust governance arrangements. This matter was discussed at the meetings held in RQIA and the registered manager acknowledged the information provided. As a consequence the registered manager agreed to review her role to ensure that adequate time was assigned to enable them to develop, implement and maintain governance systems thus assuring the safe delivery of quality care and other services within the home.

Staff spoken with were able to identify the person in charge of the home. A review of the duty rota for the week of the inspection evidenced that this was not clearly identified. Although this was attributed as an oversight, as the majority of other rotas reviewed had this information clearly recorded.

We reviewed the operation of the home with regard to the categories of care registered. As previously discussed information provided by the whistle-blower indicated that some patients were not placed appropriately. The needs of two identified patients were discussed at length with the deputy manager. Care records evidenced that reviews by healthcare professionals had been undertaken to determine the most appropriate care setting for the patients. Some shortfalls were identified in regards to the plan of care for both patients, and these were discussed and appropriately addressed during the serious concerns meeting. The registered person provided assurances that care management reviews were held at least annually and more frequently if required, to ensure that the placement remained appropriate.

A review of the complaints record evidenced that no complaints had been received since the last care inspection. However a review of one patient's care records identified that a grievance raised had not been recorded within the complaints record. There was no evidence available to demonstrate that this grievance had been responded to by management. This was discussed during feedback and also with the registered manager following the inspection. Assurances were provided that this had since been recorded and dealt with appropriately. Records of all complaints which include any expression of dissatisfaction should be managed in accordance with legislation and professional guidance. This has been identified as an area for improvement under the standards.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

A review of governance records evidenced that although there were some systems in place to monitor and report on the quality of nursing and other services provided these were limited and were not sufficiently robust. The findings of this inspection evidenced that the lack of governance arrangements, had a direct impact on the safe delivery of quality care. As previously referred to, this was discussed with the registered persons during the serious concerns meeting. They acknowledged that more robust governance arrangements needed to be developed and implemented and provided details of actions already taken since the inspection. Due to the number of shortfalls identified across all four domains, this has been identified as an area for improvement under the regulations.

A review of records evidenced that a monthly monitoring report was completed as required. The reports reviewed included comments made by patients about the quality of the service provided and an action plan was developed. The reports should be developed to ensure that the organisation is being managed in accordance with legislation and minimum standards. This has been identified as an area for improvement under the standards.

The majority of staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Some staff spoken with felt that communication and teamwork could be better across different staff teams. The responsible individuals agreed to respond to this information. Responses received from staff questionnaires were all very positive in relation to the leadership and management arrangements of the home. A number of written comments received have been referred to in section 6.6 of the report.

Areas of good practice

There were examples of good practice found in relation to the management of incidents, and maintaining working relationships and management's involvement in the day to day running of the home.

Areas for improvement

An area for improvement under regulation was identified in relation to the governance arrangements. Areas for improvement under the standards were also identified in relation to: the management of complaints and the completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that the deployment of staffing in the home is reviewed in regards to the morning routine to ensure the delivery of care.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staffing levels reviewed using Rhys Hearn Tool and found to be 97 hours per week over requirement. This will be kept under regular review. Deployment of staff discussed with Nurses at staff meeting and will be monitored.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. A copy of the homes recruitment policy should be submitted with the returned QIP. Records should be available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A copy of the homes recruitment policy has already been submitted. Records will always be available for inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that the treatment and care provided to each patient meets their individual needs and reflects any recommendations made by other healthcare professionals.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Residents records were reviewed and updated. This is an ongoing process. These current records were subsequently audited and approved by Monitoring officer from South Eastern Trust.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure care records are developed, kept under review and updated in accordance with any changes in the patient's condition and reflect any recommendations made and/or treatment required by the general practitioner and multidisciplinary team.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>Response by registered person detailing the actions taken: Residents care records are being further developed, reviewed and updated. This is an ongoing process. These current records have been subsequently audited and approved by Monitoring officer from South Eastern Trust.</p> <p>The registered person shall ensure that robust governance/ management arrangements are developed, implemented and maintained to assure the safe and effective delivery of care to patients and other services provided in the home.</p> <p>Ref: Section 6.7</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered provider should ensure that systems are in place to monitor and ensure staffs compliance with mandatory training requirements and other areas of training identified by the home.</p> <p>Ref: Section 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: Mandatory training has always been provided to all staff. An Audit tool has been developed and implemented to ensure compliance with Mandatory training.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions; and • Any actions agreed. <p>Ref: Section 6.2 & 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39 Criteria 1</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>Response by registered person detailing the actions taken: An audit tool has been developed and implemented to ensure staff meetings take place on a regular basis.</p> <p>The registered person shall ensure that all new employees are provided with a structured orientation and induction for their roles and responsibilities. Records should be retained and available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All new staff have been inducted into their roles and induction record completed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44 Criteria 6</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered person shall ensure that the practice of using camera monitors is reviewed to ensure compliance with RQIA's guidance on the use of Overt Close Circuit Televisions (CCTV) and the Data Protection Act 1988.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: CCTV policy did comply with Data Protection Act 1988 but has been updated to include RQIA's Guidance 2016 and a copy of this policy has already been submitted.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered person shall ensure that patients who have made an active choice to rise early (prior to 7 am) are assisted to do so. These decisions must be in the patient's best interest. Care plans should be detailed to include the rationale for this practice and be reviewed at regular intervals.</p> <p>Ref: Section 6.4 & 6.6</p> <p>Response by registered person detailing the actions taken: There never has been a practice of assisting Residents to rise early prior to 7am unless it is their choice. Where Residents choose to rise early the careplans are being updated to reflect their choice.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered person shall ensure that meals and mealtimes are met in line with best practice guidance. Mealtimes are recognised as opportunities for social interaction and are organised in such a way so that it is appealing to patients. For example; dining tables set appropriately and the menu displayed.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: Dining tables are set appropriately and menu is on display. All Residents choice is respected as to where they wish to have their meals served.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 16 Criteria 11</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complaints; the result of any investigations; the action taken; whether or not the complainant were satisfied with the outcome; and how this level of satisfaction was determined.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: A record of all complaints is maintained.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35 Criteria 7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that monthly monitoring reports are developed to ensure that the organisation is being managed in accordance with legislation and minimum standards. These should focus on areas for improvement identified at this inspection.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Monthly monitoring report developed further to include areas of improvement.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

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