



Unannounced Care Inspection Report 28 & 29 June 2018



Our Lady's Home

Type of Service: Nursing Home (NH)

Address: 68 Ard Na Va Road, Falls Road, Belfast, BT12 6FF

Tel no: 028 9032 5731

Inspector: James Laverty

www.rqia.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 86 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Brian Macklin	Registered Manager: Heather Joan Maxwell
Person in charge at the time of inspection: Heather Joan Maxwell	Date manager registered: 15 May 2018
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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: 86 A maximum of 67 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 19 patients in category NH-DE to be accommodated in the dementia unit. This home is also approved to provide care on a day basis to 4 persons in the general nursing unit and 1 person in the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 14.20 to 21.45 and 29 June 2018 from 09.20 to 16.00 hours.

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.

The inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 30 & 31 January 2018 and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff communication with patients, monitoring the professional registration of staff and monthly monitoring visits.

Four areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) standards, the secure storage of medicines, management of nutritional care to patients and wound care.

Five areas for improvement under the standards were highlighted in regards to the internal environment, the named nurse arrangements, governance processes focusing on quality assurance and service delivery, dementia training for staff and staff management.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*4	5

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Heather Joan Maxwell, registered manager, and Christine Thompson, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 30 & 31 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 30 & 31 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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
- the registration status of the home
- 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 18 patients, 13 patients' relatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- accident and incident records
- minutes of staff and relatives' meetings
- three patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 registered manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 & 31 January 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 & 31 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a)(b) Stated: Second time	<p>The registered person shall ensure that all patients who are receiving care for the prevention/management of pressure ulcers:</p> <ul style="list-style-type: none"> • are repositioned in adherence with their relevant risk assessments and care plans • that staff check and record during each repositioning intervention that all relevant pressure areas have been checked 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the care record for one patient requiring assistance with regular repositioning evidenced that risk assessments and care plans were in place and had been kept under timely review by nursing staff. Supplementary repositioning records also confirmed that care staff examined the patient's various pressure areas each time they were repositioned. Discussion with care staff provided assurance that they had an accurate knowledge of the patient's repositioning needs and skin state. While the inspector was assured that the patient was being repositioned on a sufficiently regular basis, it was noted that part of the relevant care plan was no longer up to date. This was highlighted to the registered manager who agreed to ensure that he identified statement was updated within the body of the care plan.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adequate precautions are taken against the risk of fire, specifically:</p> <ul style="list-style-type: none"> by means of fire drills and practices at suitable intervals, that staff working at the nursing home and, so far as practicable, patients, are aware of the procedure to be followed in the case of a fire, including the procedure for saving life. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that fire drills (which involved a simulated evacuation) were carried out on a six monthly basis with the fire alarm being tested on a weekly basis. The most recent fire drill was carried out on 22 May 2018. The registered manager also confirmed that an up to date fire risk assessment was in place, dated 19 April 2018. Observation of the environment and staff practices throughout the inspection did not highlight any concerns in regards to fire safety.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (1) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the deficits identified in this inspection, specifically in relation to seating and dining facilities are well maintained and are suitable for the needs of patients and/or visitors.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that the environmental deficits identified during the previous care inspection had been addressed.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>All infection, prevention and control issues highlighted during the previous care inspection were found to be addressed. However, further IPC deficits were found and are referenced in section 6.4.</p>		

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient’s care record. • That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the care record for one patient requiring regular wound care evidenced that appropriate care plans were in place which outlined the patient’s assessed needs. Supplementary wound care records further confirmed that the patient’s identified wounds were being dressed as required. However, deficits were found within the patient’s wound care records along with governance audits focusing on wound care. These deficits are discussed further in sections 6.5 and 6.7.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice. Specifically:</p> <ul style="list-style-type: none"> • that the provision of all housekeeping services throughout the home is subject to regular auditing in order to provide effective quality assurance of service delivery. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and regional manager along with a review of environmental audits confirmed that all housekeeping services throughout the home were subject to regular auditing in order to provide effective quality assurance of service delivery.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 43 Stated: Second time</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients alongside the orientation of staff, patients’ relatives/representatives and visiting professionals.</p> <p>Action taken as confirmed during the inspection: Observation of the internal environment confirmed that appropriate signage was provided within the home which promoted the orientation and comfort of patients alongside the orientation of staff, patients’ relatives.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all communal areas are suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that room.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that communal bathrooms and lounges were uncluttered. One bathroom which was partially untidy was brought to the attention of the registered manager for immediate action.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dignity of patients is promoted at all times and that no clothing, specifically net pants and/or socks, are used communally.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of Unit C within the home in addition to feedback from staff within that unit highlighted that net pants and items of clothing were used communally for patients, on occasion, within unit C. The registered manager was informed of this on the first day of the inspection and the items were immediately removed.</p> <p>This area for improvement has not been met and has been subsumed into a new area for improvement under regulation.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all routines and care practices within the home are patient centred, specifically:</p> <ul style="list-style-type: none"> • Patients should only be assisted to dining areas immediately prior to the serving of meals unless they request otherwise. • Meals should only be transported from the kitchen area immediately prior to being served to patients to ensure meals are served hot. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of staff routines/practices in addition to the serving of lunch to patients provided assurances that this area for improvement was met. Observations relating to the dining experience of patients are discussed further in section 6.6.</p>		

6.3 Inspection findings

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.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with one member of the nursing team did express their concern that on occasion, staffing levels within unit B were sometimes reduced due to staff being required to help within other units of the home. The staff member stated: "Staff are moved around units" Several other members of the nursing team also expressed concern that it could be challenging at times for nurses to deliver care effectively to patients across units D2 and D3 whenever they were responsible for both units simultaneously. This feedback was shared with the registered manager who informed the inspector before conclusion of the inspection that she had reviewed staffing levels within unit B with nursing staff on duty and that current staffing levels, if adhered to, were considered satisfactory. It was stressed to the registered manager that while it may be necessary, at times, to redeploy nursing/care staff throughout the home, such redeployment must not compromise the delivery of care to patients in any unit. The registered manager also advised that the allocation of one nurse to manage units D2 and D3 simultaneously was a temporary measure until the proposed registration of a new residential service. The registered manager agreed to keep this staffing arrangement under review in order to ensure that care delivery was not compromised and was safe and effective. Feedback from patients and relatives across units D2 and D3 were positive in regards to care delivery, including the following comments:

Unit D2 patients:

"The staff are great."

"The girls are good to me."

Unit D2 relatives:

"The care is very good."

"We couldn't complain about the care."

Unit D3 patients:

"The staff are lovely."

"The girls are good."

Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and the majority of patients' relatives highlighted no concerns regarding staffing levels throughout the home.

Discussion with the registered manager and review of governance records evidenced that there were an ineffective system in place to monitor staff performance and to ensure that staff received support and guidance. The registered manager and regional manager confirmed that the bi-annual supervision and annual appraisal of staff was out of date. An area for improvement under the standards was made.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. The registered manager stated that an electronic matrix was maintained to oversee staff training. While it was noted that dementia awareness training had been provided to staff working within the Dementia Care Unit (DCU) on 11 May 2017 it was agreed with the registered manager that refresher training would be helpful in order to ensure that staff remain sufficiently skilled in delivering effective care to patients with dementia. An area for improvement under the standards was made. Observation of care delivered to patients within the DCU throughout the duration of the inspection highlighted no concerns. Feedback from two patients' relatives who were cared for within the DCU included the following comments:

"I honestly couldn't speak highly enough of them [nursing/care staff]."

"He's being well looked after ... he's gained weight ... [I'm] happy with the atmosphere of the unit."

During observation of the DCU after 20.00 hours on the first day of the inspection, it was noted that staff were using lighting from some en suite bedrooms while assisting patients within their bedrooms as they considered the bedroom ceiling light to be too bright. Staff feedback highlighted that appropriate soft lighting within patients' bedrooms would be useful when assisting patients within their bedrooms throughout the evening/overnight. This feedback was shared with the registered manager/regional manager who agreed to review the situation and take any necessary action.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager also evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager confirmed that there were no ongoing safeguarding issues within the home. A number of staff who were spoken with demonstrated a good awareness of their roles and responsibilities in regards to adult safeguarding.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Current RQIA guidance relating to statutory notifications was discussed with the registered manager in order to ensure that unnecessary notifications would be avoided.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the manager had reviewed the registration status of nursing and care staff on a monthly basis. There were also systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was positive to note that new seating had been supplied within two communal lounges for patients. However, observation of the interior environment did highlight that while appropriate signage was in place indicating the use of oxygen therapy for one patient, this signage was lacking for another patient. This was discussed with the registered manager and it was agreed that relevant signage should be placed in all areas in which oxygen therapy is being used. Appropriate signage was put in place before the inspection concluded.

Review of the environment also highlighted one storage area used by staff within unit C which was significantly cluttered. The need to ensure that such areas are suitably maintained in order to ensure they effectively facilitate staff to meet the needs of patients was emphasised. An area for improvement under the standards was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely:

- the underside of several wall mounted dispensers for hand cleansing were stained
- net pants and items of clothing were set aside for communal use within unit C
- one chair within the designated smoking room was stained and worn
- the inside grill of several radiators in patients' bedrooms and communal areas were ineffectively cleaned
- medicine cups had been left to dry within an inappropriate area

These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was discussed with the registered manager who confirmed before completion of the inspection, that some of these deficits had been addressed immediately. The need to ensure that best practice IPC standards are embedded into practice was stressed and an area for improvement under regulation was made.

During a review of the environment it was noted that there was one area in which patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substance was secured by a member of the nursing team immediately and COSHH regulations were observed to be adhered to throughout the duration of the inspection.

Observation of the environment also identified four areas in which patients' medicines had not been stored securely, specifically, nutritional supplements and topical medication. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff throughout both days of the inspection raised no concerns in regards to fire safety practices. The frequency of fire drills and fire alarm tests is also discussed in section 6.2.

Systems were in place to monitor the incidents of HCAI's and the registered manager understood the role of the Public Health Authority (PHA) in the management of infectious outbreaks.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding and the notification of incidents.

Areas for improvement

Two areas for improvement under regulation were made in regards to infection, prevention and control standards and the secure storage of medicines.

Three areas for improvement under the standards were also highlighted in regards to staff management, staff training and the internal environment.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Review of the care record for one patient requiring nutritional care highlighted several deficits. While records evidenced that nursing staff had collaborated with the SALT it was noted that the relevant care plan did not accurately reflect current SALT recommendations. It was also noted that a previous visit from the SALT highlighted that staff had not adhered to dietary recommendations applicable at that time. While discussion with one care staff member confirmed that they had a good awareness of the patient's dietary needs, similar discussion with a member of the nursing team highlighted an incorrect understanding of current SALT recommendations for the patient. Review of supplementary and kitchen records in addition to discussion with staff provided assurance that the patient was receiving the correct diet. An area for improvement under regulation was made.

Shortfalls were also noted with regards to wound care to patients. Review of the care record for one patient requiring ongoing wound care confirmed that nursing staff were providing wound care in compliance with the patient’s assessed needs and TVN advice. While relevant care plans and supplementary wound care records were being used by staff, these were found to be untidy and/or incomplete on occasion. It was also noted that some wound care records which were out of date had not been archived and were therefore potentially confusing for staff. These shortfalls were discussed with the registered manager and an area for improvement under regulation was stated for a second time. The auditing of wound care within the home is discussed further in section 6.7.

Discussion with the registered manager, nursing staff and one patient’s family highlighted that while there was a recognised system in place to ensure that each patient was allocated a ‘named nurse’. However, it was found that this arrangement was managed and implemented ineffectively and had the potential to negatively impact effective communication with patients and/or patients’ relatives. The registered manager confirmed that the ‘named nurse’ process required review to ensure that it was implemented more effectively. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team.

Areas for improvement

One area for improvement under regulation was identified in regards to nutritional care and an area for improvement relating to wound care was stated for a second time.

One area for improvement under the standards was highlighted in regards to the use of the ‘named nurse’ system.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- “They’re looking after me well.”
- “The staff are fabulous.”

Feedback received from patients' relatives included the following comments:

"We have no worries ... staff are always about."
"I have no concerns."

In addition to speaking with patients, patients' relatives and staff, RQIA provided ten questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, seven questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care within the home. Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home. Several patients and patients' relatives were spoken with in relation to ongoing building works throughout the premises. No concerns were expressed in regards to this and family members spoken with stated that they had been kept appropriately updated. It was noted that a recently scheduled meeting for the purpose of updating patients/relatives had been cancelled due to the presence of a Norovirus infection within the home. Several patients' relatives commented that they would like this meeting to be rescheduled. Another relative also suggested the use of a newsletter to keep families apprised of ongoing building work within the home. These comments were shared with the registered manager and regional manager for further consideration and action, as necessary. It was confirmed with the registered manager that ongoing building work would be monitored daily so as to ensure that patients were not unduly disturbed. Staff and patients confirmed that, when necessary, building work had been suspended to ensure patient comfort.

It was positive to note during the first day of the inspection that the diversional therapy needs of patients were being met using a visiting speaker from 'Zoolab' who provide forms of animal therapy. Patients and staff were observed to be engaging enthusiastically with one another and the speaker/animals. The June 2018 activity programme for patients was on display within several locations throughout the home including photographic displays of previous social events. This practice is commended.

It was observed that patients who were escorted via wheelchair to one communal lounge were not being assisted into lounge seating in a timely manner. This was discussed with the nurse in charge of the unit who stated that this was due to one member of staff being unavailable because of sickness. It was stressed to the registered manager that the dignity and comfort of patients must be promoted at all times with regards to the timely transfer of patients on/off wheelchairs, where necessary.

Observation of the lunch time meal within the main dining area evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. All patients appeared content and relaxed in their environment. However, some deficits were noted in regards to the dining experience of patients. For instance, a radio was left switched on behind one patient who was confused and did not promote a relaxing atmosphere within the dining area. Although a menu plan was on display outside the dining area, there were no suitable menus within the dining area for patients to refer to. It was also observed that while staff interactions with patients were timely and compassionate, staff did not routinely offer available condiments. These shortfalls were highlighted to the registered manager who agreed to review the dining experience of patients and address these deficits accordingly. This will be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis. These policies were not reviewed during this inspection.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care. The registered manager and regional manager confirmed that building works were ongoing within the home in respect to an application submitted to RQIA for the registration of a new residential care home located within the same premises. It was agreed that patients, patients' relatives/representatives and RQIA should be kept informed of the progress of these works in a timely way.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. The registered manager stated that a record of concerns raised by patients/relatives was maintained in addition to 'formal complaints'. It was also agreed with the registered manager that any expression of dissatisfaction should be recorded as a complaint in line with current legislative and best practice guidance.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The regional manager confirmed that monthly monitoring reports contained action plans which clearly outlined a range of corrective actions with corresponding staff responsible and measurable timescales for completion.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis. Staff confirmed that such meetings were held and that the minutes were made available. It was noted however that while a record of attendance was available for a relatives' meeting which occurred on 14 February 2018, the minutes were not. The need to ensure that such minutes are available at all times was stressed. This will be reviewed during a future care inspection.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. Governance audits were conducted and focused on issues such as, falls, record keeping, restrictive practices and housekeeping. The registered manager confirmed that the Housekeeper carried out a weekly audit of the environment which was then reviewed on a monthly basis by the registered manager. While a monthly IPC audit was completed by the registered manager and included the cleanliness of radiators, it was noted that this was not sufficiently robust. The cleanliness of radiators is discussed in section 6.4. The need to ensure that environmental audits are thorough was stressed. It was also noted that although an audit of wounds within the home had been conducted on a monthly basis, several audits contained action plans whose deadline for action had passed without comment or review by the auditor. This was discussed with the registered manager and it was agreed that all audits must be carried out and completed in a robust and effective manner at all times. An area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monthly monitoring visits/reports.

Areas for improvement

An area for improvement under the standards was identified in regards to quality assurance and service delivery audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Joan Maxwell, registered manager, and Christine Thompson, regional manager, 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 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Wound care audits have been completed on all wounds. Nursing staff are clear on record keeping requirements. Records have been put in order and reflect TVN recommendations. Governance processes have been refined to ensure follow up.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Work is ongoing to maintain Infection prevention and control at a high standard. Environmental audits are carried out weekly with spot checks completed on a daily basis.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All kitchen cupboards containing supplements are now locked. All topical medications have been stored correctly.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of nutritional care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which accurately describe the assessed needs of patients and accurately reflect and/or refer to multiprofessional recommendations. • That the dietary requirements of the patient are effectively communicated to all relevant staff. <p>Ref: 6.5</p>
<p>Response by registered person detailing the actions taken: All Care plans in place now accurately describe the assessed needs of patients and accurately reflect the recommendations of professionals involved. All dietary requirements are now effectively communicated to all the relevant staff.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that robust governance processes are in place which facilitate and evidence that all staff undergo bi-annual supervision and annual appraisal in order to promote the delivery of quality care and services to patients.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: Governance processes and structures are in place which facilitate and evidence that all staff undergo bi-annual supervision and appraisal.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2018</p>	<p>The registered person shall ensure that all staff who are required to work at any time with patients who have dementia, receive appropriate and up to date training in order to effectively meet their roles and responsibilities, specifically in relation to dementia care.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: All staff working with patients with Dementia received training in 2017. This is kept under review. Staff turnover remains very low within the Dementia Unit. Training needs are monitored through training needs analysis (staff appraisal and supervision)</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the storage area identified in this inspection is suitably maintained in order to assist staff in meeting the needs of patients and remains safe, well maintained and suitable for its stated purpose.</p> <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that the current 'name nurse' system is reviewed and implemented in a manner that ensures effective communication with patients/relatives and promotes individualised care and support.</p> <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, IPC and wound care audits.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The storage area has been tidied and is currently being maintained in a manner which assists staff in meeting the needs of patients.</p>
	<p>Response by registered person detailing the actions taken: The named nurse system has been revised and is implemented. Effectiveness will be monitored.</p>
	<p>Response by registered person detailing the actions taken: The audit system is robust and in accordance with legislative requirements, minimum standards and current best practice. This includes IPC and wound care audits</p>

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



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