



Unannounced Secondary Care Inspection

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| Name of Establishment: | Our Lady's Home (General Nursing Unit) |
| Establishment ID No: | 1277 |
| Date of Inspection: | 2 June 2014 |
| Inspector's Name: | Sharon McKnight |
| Inspection ID | IN018674 |

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

1.0 General Information

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| Name of Home: | Our Lady's Nursing Home (General Unit) |
| Address: | 68 Ardnava Road Falls Road Belfast BT12 6FF |
| Telephone Number: | (028) 9032 5731 |
| E mail Address: | maureen.munster@ourladyshome.org |
| Registered Organisation/ Registered Provider: | Diocese of Down and Connor Ms Maureen Munster (Acting) |
| Registered Manager: | Mrs Charlene Parkin (Acting) |
| Person in Charge of the Home at the Time of Inspection: | Ms Charlene Parkin (Acting) |
| Categories of Care: | NH-I ,NH-PH ,NH-PH(E) ,NH-TI |
| Number of Registered Places: | 67 |
| Number of Patients Accommodated on Day of Inspection: | 67 |
| Scale of Charges (per week): | £572.00 - £597.00 |
| Date and Type of Previous Inspection: | 5 & 10 December 2013 |
| Date and Time of Inspection: | 2 June 2014 10 20 – 14 30 hours |
| Name of Inspector: | Sharon McKnight Donna Rogan |

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- discussion with the acting manager
- discussion with staff
- review of recruitment records
- review of notification of incidents
- evaluation and feedback.

1.3 Inspection Focus

On 30 May 2014, RQIA received a phone call from a member of the public asking for details of a disclaimer form entitled “Access NI Disclaimer” which when completed allowed the signatory to work in the home prior to completion of Access NI Vetting. The member of the public stated that this form was in use in Our Lady’s Home. In view of RQIA’s concerns, that staff were being employed prior to receipt of an Access NI enhanced disclosure certificate, an inspection was undertaken on 2 June 2014. The focus of this inspection was to examine the selection and recruitment procedures within the home.

The inspection sought to establish the level of compliance being achieved with respect to the DHSSPS Nursing Homes Minimum Standard 24:

Recruitment of staff: Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

2.0 Profile of Service

Our Lady's Nursing home is a purpose built, two storey home situated on an elevated site in the Beechmount area in west Belfast. Many rooms within the home have panoramic views of the south, west and central Belfast. It is centrally located within the local community and is convenient to shops, public transport facilities and community services. There is ample car parking space at the front and to the side of the building.

The General Wing of Our Lady's Nursing home is managed within two suites, Beechwood and Elmwood. The two suites comprise of four units and can accommodate up to 67 patients in single rooms with en-suite toilets. There are a range of day rooms, dining rooms, bath/shower rooms and W/C's which are accessible to all communal and bedroom areas.

The home is owned and managed by the Diocese of Down and Connor and Ms Maureen Munster is the current acting responsible person. Ms Charlene Parkin is the acting manager. The general unit of the home is registered to accommodate 67 patients within the categories of NH-I old age not falling within any other category, NH-PH physical disability under 65 and NH-PH(E) physical disability over 65 and NH-TI terminal illness.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Our Lady's Home. The inspection was undertaken by inspectors, Sharon McKnight and Donna Rogan on 2 June from 10 20 hours to 14 30 hours.

Following a phone call received from a member of the public on 30 May 2014, RQIA were concerned that staff were being employed in Our Lady's Home prior to receipt of an Access NI enhanced disclosure certificate. In view of RQIA's concerns, the focus of this inspection was to assess the home's compliance with the DHSSPS Minimum Standard 24: The recruitment of staff.

As a result of the previous inspection conducted on 5 and 10 December 2013, two requirements and six recommendations were issued. Due to the focus of this inspection, these matters were not reviewed during this inspection but have been carried forward for review at a future inspection.

The inspectors were welcomed into the home by Ms Charlene Parkin, acting manager who was available throughout the inspection.

During the course of the inspection, the inspectors examined a selection of recruitment records and spoke with the acting manager and administration staff involved in the selection and recruitment processes within the home.

Verbal feedback of the inspection outcomes and issues identified was given to Ms Parkin at the conclusion of the inspection. In view of the concerns identified with the selection and recruitment processes within the home, a formal meeting was subsequently held in RQIA with two members of Our Lady's management committee and the acting manager. Refer to the summary under section Post Inspection below.

Inspection findings

The inspectors reviewed the home's policy for selection and recruitment which detailed the recruitment process from advertising through to an offer of employment being made, first day of employment and induction process. With regard to Access NI checks, the policy was not reflective of legislative requirements and DHSSPS guidance. A requirement has been made.

The inspectors reviewed the selection and recruitment records of nine staff currently employed in the home. Of the nine files reviewed, none were compliant with legislation and best practice guidelines. A requirement has been made that the acting registered person must ensure that all of the information required, and documents specified in The Nursing Homes Regulations (Northern Ireland) 2005, are obtained prior to the commencement of employment. A further requirement has been made that the acting registered person must ensure, through robust selection and recruitment procedures that all person employed are fit to work in a nursing home.

During discussion with the acting manager, the inspectors were informed of the existence of a disclaimer form which was currently in use within the home. A form had been designed entitled "Access NI Disclaimer" in which staff were asked to confirm in writing that they knew of no reason why they could not commence employment prior to receipt of a formal Access NI enhanced disclosure certificate. The acting manager and administrator informed the

inspectors, that the form had been introduced by the previous registered manager stating that it had been sanctioned by RQIA. The inspectors observed a completed “disclaimer form” in one of the personnel files reviewed.

The inspectors expressed concern about the use of the “disclaimer form” and informed the acting manager and administrator that this form did not adhere to legislation, had not been sanctioned by RQIA and emphasized that the use of the form must cease with immediate effect. The acting manager confirmed that the form would be removed from use and all relevant staff involved in the recruitment process informed. A requirement has been made in regard to the completion of ACCESS NI checks and the maintenance of records to evidence that the certificates are received prior to the commencement of employment.

The findings of the inspection were discussed at length during the inspection feedback with the acting manager. During feedback, the inspectors expressed serious concern regarding the recruitment processes within Our Lady’s Home. Following discussion with the acting manager, it was agreed that she would liaise with ACCESS NI to determine if all staff currently employed, had an appropriate ACCESS NI check completed.

Following the inspection, the acting manager confirmed to the inspectors that a number of staff had been identified who did not have an ACCESS NI enhanced and barred list certificate issued as part of the home’s recruitment process. In the absence of the appropriate checks, these staff were relieved of their duties and confirmation given to RQIA by the acting manager and representatives of Our Lady’s manager committee, that they would not return to their current duties until an ACCESS NI certificate was received.

Post inspection

In view of the concerns regarding the selection and recruitment processes and maintenance of records, a formal meeting was held in RQIA on 16 June 2014. Kathy Fodey, Director of Nursing and Regulation, Linda Thompson, acting senior inspector, Sharon McKnight, Inspector and Donna Rogan, Inspector, met with Mr Paul Shevlin, acting chairperson, Our Lady’s Management Committee, Mr Liam Hagan, committee member and Charlene Parkin, acting manager, to discuss the concerns identified and the action required to be taken by the home.

At the meeting, Mr Shevlin and Ms Parkin provided evidence that they had developed an action plan to address the areas of concern identified at inspection. However, RQIA remained concerned about the extent of the home’s failure to adhere to legislative requirements and DHSSPS guidance in the selection and recruitment of staff. In view of RQIA’s concerns, RQIA confirmed to the representatives of the management committee and the acting manager, of its intention to serve Our Lady’s Nursing Home with two Notices of Failure to Comply with Regulation 14 (4) and Regulation 21 (1) (a) (b) (c) and Regulation 21 (5) (a) (b) and (d) of The Nursing Home Regulations (Northern Ireland) 2005. The notices would be served in regard to the home’s failings in:

- Safeguarding vulnerable adults
- Confirmation of the fitness of workers through robust recruitment procedures and maintenance of records

Two Failure to Comply with Regulation Notices were issued by RQIA to Our Lady’s Nursing Home on 17 June 2014 with compliance required by 22 July 2014.

Conclusion

Eight requirements are made as a result of this inspection: two of which have been carried forward from the previous inspection. Two of the requirements relating to the selection and recruitment of staff and their fitness to work in a nursing home are subsumed into one of the Failure to Comply Notices issued by RQIA on 17 June 2014. One requirement regarding arrangements to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse, is subsumed into the second Failure to Comply Notice issued by RQIA on 17 June 2014.

Six recommendations have been carried forward for review at a future inspection. The requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

RQIA will undertake a further inspection to assess the home's compliance with the two Notices of Failure to Comply with Regulations.

The inspectors would like to thank Ms Parkin, acting manager and administration staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|----------------------------|---|--|--------------------------------------|
| 1 | 16(1) | It is required that a care plan must be in place for all assessed needs. | Carried forward for review at a future inspection. | Not inspected |
| 2 | 19(1)(a), schedule 3, 2(k) | <p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered.</p> <p>Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> | Carried forward for review at a future inspection | Not inspected |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 1 | 3.4 | It is recommended that any documents from the referring Trust are dated and signed when received into the home. | Carried forward for review at a future inspection | Not inspected |
| 2 | 25.12 | It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on. | Carried forward for review at a future inspection | Not inspected |
| 3 | 16.3 | <p>It is recommended that further training is provided for all registered nurses in the regional procedure for the protection of vulnerable adults. The training must be reflective of their role and responsibility as the nurse in charge of the home.</p> <p>The acting manager must ensure that training is embedded into practice.</p> | Carried forward for review at a future inspection | Not inspected |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|--------------------------------------|
| 4 | 10.7 | <p>It is recommended that:</p> <ul style="list-style-type: none"> the need for an alarm mat is fully assessed and that care plans are developed the use of restraint is discussed with the patient, where appropriate, and if the patient is unable to give their consent then consultation with relatives and healthcare professionals, if required, in regard to best interest decisions for the patient, should be undertaken and records maintained of the outcome of these discussions. | Carried forward for review at a future inspection | Not inspected |
| 5 | 5.1 | It is recommended that all patients have a baseline pain assessment completed and an on going pain assessment where indicated. | Carried forward for review at a future inspection | Not inspected |
| 6 | 25.1 | Given the new management structure it is recommended that the acting responsible individual review the roles of management and provide guidance to staff on each managers areas of responsibilities. | Carried forward for review at a future inspection | Not inspected |

STANDARD 24 - RECRUITMENT OF STAFF

Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

| Criterion Assessed: | COMPLIANCE LEVEL |
|---|-------------------------|
| 24.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance. | |
| Inspection Findings: | |
| The inspectors reviewed the home's policy for selection and recruitment. The policy detailed the recruitment process from advertising through to an offer of employment being made, first day of employment and induction process. Section 3.9 of the policy references the requirement for an ACCESS NI disclosure check to be completed. However, the policy states that a standard check is required. It is required that staff working with vulnerable adults in a regulated service have an enhanced with barred list check completed. It is therefore required that the policy is reviewed, and updated as required, to ensure it complies with legislative requirements and DHSSPS guidance. | Not compliant |

| | |
|--|--------------------------------|
| <p>Criterion Assessed:</p> <p>24.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • The applicant's identity is confirmed • Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer • Any gaps in an employment record are explored and explanations recorded • Protection of Children and Vulnerable Adults checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin) • Criminal convictions are checked • Professional and vocational qualifications are confirmed • Registration status with NMC and /or any other relevant regulatory body is confirmed – nurses and midwives who have qualified outside the UK should also provide objective evidence of their capability for practice in the UK • A pre-employment health assessment is obtained • Where a home recruits staff from an Employment Agency or employs agency staff, the home must ensure that all relevant pre-employment assessments and checks have been carried out • Each individual's communication skills are assessed as appropriate for the job. | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> <p>The inspectors reviewed the selection and recruitment records of nine staff currently employed in the home. The inspectors evidenced the following:</p> <ul style="list-style-type: none"> • five members of staff did not have two written references relating to the person, including a reference from the person's present or most recent employer, (if any). There were no dates recorded to confirm the home's receipt of references. However, in three of the files, the dates when the references were written was post the date of commencement of employment, evidencing that the references were not received prior to the staff undertaking duties in the home • a full employment history, together with a satisfactory written explanation of any gaps in employment was not recorded. In four of the nine files reviewed, the employment history was incomplete. There was no written evidence to explain any gaps in employment | <p>Not compliant</p> |

- the reason the applicant had left their previous employment was not always recorded
- an ACCESS NI certificate number was recorded on each individual file. However, on further examination the certificate number recorded on two of the files related to an ACCESS NI certificate obtained by an educational establishment who had previously secured a student placement for the two staff within the home. Following the conclusion of the student placement, an offer of employment was made by Our Lady's Home. An Access NI enhanced disclosure certificate had not been obtained for these staff, as part of Our Lady's Home recruitment process
- the date of receipt of Access NI certificates into the home was not maintained to evidence that these had been received prior to the commencement of employment
- proof of the person's identity, including a recent photograph, was not obtained for staff. In six of the files reviewed, there was no proof of identification of the applicant. There was no recent photograph in seven of the files
- a pre-employment health check had not been obtained. In eight of the files, there was no evidence in regard to the fitness of the applicant's physical and mental health.

Of the nine files reviewed none were compliant with legislation and best practice guidelines.

In accordance with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21 (1) (a) (b), (c) the registered person must not employ a person to work at the nursing home unless the person is fit to work at the nursing home and that he was obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2. The acting registered person must ensure that all of the information required and documents specified are obtained prior to the commencement of employment.

In accordance with The Nursing Homes Regulation (Northern Ireland) 2005, regulation 21(5)(a)(b)(c) and (d) a person is not fit to work at a nursing home unless:-

(a) he is of integrity and good character;

(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;

- (c)he is physically and mentally fit for the purposes of the work he is to perform at the nursing home;
- (d)full and satisfactory information is available in relation to him in respect of the following matters –
 - (i)each of the matters specified in paragraphs 1 to 7 of Schedule 2.

The acting registered person must ensure, through robust selection and recruitment procedures, that all persons employed are fit to work in a nursing home. A requirement has been made.

STANDARD 24 - RECRUITMENT OF STAFF**Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.**

| Criterion Assessed: | COMPLIANCE LEVEL |
|---|-------------------------|
| 24.3 In the case of a midwife registered with NMC, the following is evidenced: <ul style="list-style-type: none"> • A copy of the relevant statement of entry on an annual basis • That the midwife has notified his/her intention to practice with the local HSS Board responsible midwifery officer • That a supervisor of midwives has been identified for the individual midwife. | |
| Inspection Findings: | |
| Not applicable. | Not applicable. |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 24.4 Records are kept of all the documentation relating to the recruitment process. Details of information obtained as a result of a POCVA check should be handled as per paragraph 5.9 of DHSSPS guidance "Choosing to Protect". | |
| Inspection Findings: | |
| <p>Prior to the inspection, RQIA received a phone call from a member of the public asking for details of a disclaimer form entitled "Access NI Disclaimer" which when completed allowed the signatory to work in the home prior to the completion of Access NI Vetting. The member of the public stated that this form was in use in Our Lady's Home.</p> <p>During discussion with the acting manager, the inspectors were informed of the existence of a disclaimer form which was currently in use within the home. A form had been designed entitled "Access NI Disclaimer" in which staff were asked to confirm in writing that they knew of no reason why they could not commence employment prior to receipt of a formal Access NI enhanced disclosure certificate. The acting manager and administrator informed the inspectors that the form had been introduced by the previous registered manager stating that it had been sanctioned by RQIA. The inspectors observed a completed "disclaimer form" in one of the personnel files reviewed. The acting manager stated that the form was used to minimize the time delay between waiting for receipt of ACCESS NI checks and the employee commencing employment.</p> <p>The inspectors expressed concern about the "disclaimer form" and informed the acting manager and administrator that this form did not adhere to legislation, had not been sanctioned by RQIA and emphasized that the use of the form must cease with immediate effect. The acting manager confirmed that the form would be</p> | Not compliant |

removed from use and all relevant staff involved in the recruitment process informed.

As previously discussed at 24.2 above, the nine files reviewed all had an ACCESS NI certificate number recorded on their file. Given that the inspectors identified that two of the certificate numbers had not been obtained as part of Our Lady's Home recruitment process, the inspectors sought reassurance that all staff currently employed in the home had an ACCESS NI check completed as part of the recruitment procedure.

Following the inspection, the acting manager confirmed to the inspectors that a number of staff had been identified who did not have an ACCESS NI enhanced and barred list certificate issued as part of the home's recruitment process. In the absence of the appropriate checks, these staff were relieved of their duties and confirmation given to RQIA by the acting manager and representatives of Our Lady's manager committee, that they would not return to their current duties until an ACCESS NI certificate was received.

The inspectors were unable to confirm if an ACCESS NI certificate had been received prior to staff undertaking duties in the home, as there was no record of the date of receipt of Access NI certificates into the home, to evidence if these had been received prior to the commencement of employment.

In accordance with The Nursing Homes Regulations (Northern Ireland) 2005, regulation 14(4) it is required that the registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse. Therefore, the register person must ensure that:

- staff are recruited and employed in accordance with statutory legislation and mandatory requirements. A satisfactory Access NI enhanced disclosure certificate must be received for all staff prior to commencement of employment
- a record of the date of receipt of Access NI certificates into the home must be maintained to evidence that these have been received prior to the commencement of employment.

| STANDARD 24 - RECRUITMENT OF STAFF Staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements. | |
|---|-------------------------|
| Criterion Assessed: 24.5 Staff are issued with a written statement of main terms and conditions of employment, no later than thirteen weeks after appointment. | COMPLIANCE LEVEL |
| Inspection Findings: This criterion was not inspected during this inspection. | Not inspected |
| Criterion Assessed: 24.6 Job descriptions are issued to staff on appointment. | COMPLIANCE LEVEL |
| Inspection Findings: This criterion was not inspected during this inspection. | Not inspected |
| Criterion Assessed: 24.7 Patients, or where appropriate their representatives, are involved in the recruitment process where possible. | COMPLIANCE LEVEL |
| Inspection Findings: This criterion was not reviewed during this inspection. | Not inspected. |

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Parkin, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Sharon McKnight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Inspection

**Our Lady's Home
General Nursing Unit**

2 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with acting manager Charlene Parkin, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--|------------------------|--|-----------------------------|
| 1 | 16(1) | <p>Carried forward for review at a future inspection.</p> <p>It is required that a care plan must be in place for all assessed needs.</p> <p>Ref Section 4</p> | One | On admission, using information received beforehand, the admitting nurse completes initial care plans with the patients and or their representative in order to meet immediate care needs. Within two weeks a named nurse completes further informed care plans. All plans are reviewed and updated monthly or as needs change as necessary. | From the date of inspection |
| 2 | 19(1)(a), schedule 3, 2(k) | <p>Carried forward for review at a future inspection.</p> <p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered.</p> <p>Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Ref Section 4</p> | One | Nursing records are kept electronically for all interventions procedures and nursing needs in accordance with NMC guidelines. Each individual, who requires repositioning is provided a repositioning booklet. Staff record all aspects of any interventions relation to repositioning which includes written evidence that a skin inspection has taken place. Booklets are currently being piloted in two of the general nursing units with a view to | From the date inspection. |

| | | | | | |
|--|--|--|--|---|--|
| | | | | rolling throughout the home in September 2014. | |
|--|--|--|--|---|--|

| No. | Regulation Reference | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|-------------------------|--|------------------------|---|--|
| 3 | 12(1)(b) | <p>The acting registered person must ensure that the policy for selection and recruitment is reviewed, and updated as required, to ensure it complies with legislative requirements and DHSSPS guidance.</p> <p>Ref section 5, criterion 24.1</p> | One | A new policy for selection and recruitment has been drawn up at home level and is currently out for review at Management Committee level. It reflects legislative requirements and guidance from DHPSS and RQIA. | From the date of inspection. |
| 4 | 21(1)(a)(b)&(c). | <p>The acting registered person must ensure that all of the information required and documents specified in regard to the selection and recruitment of staff are obtained prior to the commencement of employment.</p> <p>Ref Section 5, criterion 24.2</p> | One | All applications from potential employees are placed on an "in process" file which is a different colour to the completed employee personnel files. A checklist performa is attached to the front and once completed by the HR Administrator the file will be checked and signed off by the Acting Registered Manager. Only then will an employee be inducted and all documents placed with the "live" personnel files. | This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014. |
| 5 | 21(5)(a)(b)(c) & (d)(i) | <p>The acting registered person must ensure, through robust selection and recruitment procedures that all person employed are fit to work in a nursing home.</p> <p>Ref Section 5, criterion 24.2</p> | One | All staff employed at Our Ladys Home will have completed a Medical questionnaire which forms an integral part of the recruitment process. | This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014 |

| No. | Regulation Reference | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|--|--|
| 6 | 14(4) | <p>The acting register person must ensure that:</p> <ul style="list-style-type: none"> • staff are recruited and employed in accordance with statutory legislation and mandatory requirements. A satisfactory Access NI enhanced disclosure certificate must be received for all staff prior to commencement of employment • a record of the date of receipt of Access NI certificates into the home must be maintained <p>Ref section 5, criterion 24.4</p> | One | <p>No member of staff shall commence employment at Our Ladys Home until a satisfactory Access NI Enhanced Disclosure Certificate has been received.</p> <p>Date of receipt along with the Access NI Disclosure number will be recorded on individual personel files.</p> | <p>This requirement is subsumed into a Failure to Comply Notice issued on 17 June 2014</p> |
| 7 | 17(1) | <p>The acting registered person must ensure that systems are introduced to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements.</p> <p>Ref Section 5: Criteria 24.4</p> | One | <p>The Acting Registered Manager will sign off a checklist of all documentation required to ensure compliance with legislation prior to any job offer being made.</p> | <p>From the date of inspection.</p> |

| No. | Regulation Reference | Requirements | Number of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|--|------------------------|---|------------------------------|
| 8 | 20(1)(c) | <p>The acting registered person must ensure that :</p> <ul style="list-style-type: none"> • all staff involved in the recruitment process receive training in selection and recruitment • selection and recruitment training is embedded into practice and individual competencies assessed. Records must be maintained of this assessment. <p>Ref Section 5: Criteria 24.4</p> | One | <p>Training for all staff involved in the recruitment and selection process has been arranged.</p> <p>Three monthly and annual audits of the recruitment and selection process will be assessed by the Management Committee and an independent Recruitment Consultant respectively.</p> | From the date of inspection. |

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|---|------------------------|--|------------------------------|
| 1 | 3.4 | <p>Carried forward for review at a future inspection.</p> <p>It is recommended that any documents from the referring Trust are dated and signed when received into the home.</p> <p>Ref section 4</p> | Two | <p>The home has now employed a receptionist, who is responsible for sorting, dating and signing for the receipt of all mail. All qualified staff have been advised through meetings and informal discussion that all documents hand delivered to them require signing and dating on receipt.</p> | From the date of inspection. |
| 2 | 25.12 | <p>Carried forward for review at a future inspection.</p> <p>It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.</p> <p>Ref section 4</p> | One | <p>Previous inspection paperwork is now viewed prior to the commencement of the forthcoming provider visits/inspections. Records are now held centrally for ease of use. Reports are now forwarded to Inspector at her request until further notice.</p> | From the date of inspection. |

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|-----|----------------------------|--|------------------------|---|------------------------------|
| 3 | 13.6 | <p>Carried forward for review at a future inspection.</p> <p>It is recommended that further training is provided for all registered nurses in the regional procedure for the protection of vulnerable adults. The training must be reflective of their role and responsibility as the nurse in charge of the home.</p> <p>The acting manager must ensure that training is embedded into practice.</p> <p>Ref section 4</p> | One | <p>All staff, including all registered nurses are currently updating mandatory training which included Protection of Vulnerable Adults.</p> <p>The Acting Nurse Manager has contacted the Safeguarding Team at the referring trust who have informed her a qualified Nurse will be joining their team in October 2014 and will be able and willing to provide more nurse specific training within the home.</p> | From the date of inspection. |

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| 4 | 10.7 | <p>Carried forward for review at a future inspection.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> the need for an alarm mat is fully assessed and that care plans are developed the use of restraint is discussed with the patient, where appropriate, and if the patient is unable to give their consent then consultation with relatives and healthcare professionals, if required, in regard to best interest decisions for the patient, should be undertaken and records maintained of the outcome of these discussions. <p>Ref section 4</p> | One | <p>Use of alarm mats is assessed in conjunction with falls risk assessments.</p> <p>Care plans are updated at the time of assessment and on completion of the consent form in relation to the use of restraint, all discussions are added to the electronic care records in addition to any paper records held.</p> | From the date of inspection. |
| 5 | 5.1 | <p>Carried forward for review at a future inspection.</p> <p>It is recommended that all patients have a baseline pain assessment completed and an ongoing pain assessment where indicated.</p> <p>Ref section 4</p> | One | <p>Baseline pain assessments have been completed for all current residents and this now forms part of the admission process.</p> <p>Where indicated, pain assessments are evaluated monthly or more often as needs change by a qualified nurse.</p> | From the date of inspection. |

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|-----|----------------------------|--|------------------------|---|------------------------------|
| 6 | 25.1 | <p>Carried forward for review at a future inspection.</p> <p>Given the new management structure it is recommended that the acting responsible individual review the roles of management and provide guidance to staff on each managers areas of responsibilities.</p> <p>Ref section 4</p> | One | <p>The organisational structure is now displayed on all nursing units and in communal areas. Individual managers areas of responsibility have been and continue to be discussed at staff meetings and informal discussions.</p> <p>In addition, the profiles of the most senior managers have also been displayed throughout the home which includes how they can be contacted.</p> | From the date of inspection. |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

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|---|-----------------|
| Name of Registered Manager Completing Qip | Charlene Parkin |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Mr Paul Shevlin |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | x | Sharon McKnight | 22-09-14 |
| Further information requested from provider | | | |