Unannounced Care Inspection

Name of Establishment:	**Our Lady's Home**
RQIA Number:	**1277**
Date of Inspection:	**19 March 2015**
Inspector's Name:	**Sharon McKnight**
Inspection ID:	**17186**

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

Name of Establishment:	Our Lady's Home
Address:	68 Ard-Na-Va Road Falls Road Belfast BT12 6FF
Telephone Number:	02890325731
Email Address:	deputy.manager@ourladyshome.org
Registered Organisation/ Registered Provider:	Diocese of Down and Connor
Registered Manager:	Sharon Meenagh
Person in Charge of the Home at the Time of Inspection:	Sharon Meenagh
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:	65
Scale of Charges (per week):	£581.00 - £609.00
Date and Type of Previous Inspection:	15 September 2014 Unannounced Enforcement Monitoring Inspection
Date and Time of Inspection:	19 March 2015 09 50 – 16 35 hours
Name of Inspector:	Sharon McKnight

2.0 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.

3.0 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

4.0 Methods/Process

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

- Discussion with the manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	12 patients individually and with the majority generally.
Staff	10
Relatives	3
Visiting Professionals	0

Questionnaires were provided during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

Issued To	**Number Issued**	**Number Returned**
Patients/Residents	0	0
Relatives/Representatives	7	4
Staff	7	5

6.0 Inspection Focus

Prior to the inspection, the responsible person/ manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/ manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

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.

7.0 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. It is centrally located within the local community and is convenient to shops, public transport facilities and community services. There is car parking space at the front and to the side of the building.

The home is owned and managed by the Diocese of Down and Connor and Mrs Sharon Meenagh, the current acting manager, has been in post from February 2015.

Our Lady's Nursing home is a two storey building with patient accommodation provided on the first and second floor. Bedrooms are all single rooms with en-suite toilets. There are a range of day rooms, dining rooms, bath/shower rooms and W/C's located throughout the home. There is chapel located on the second floor where mass is celebrated daily. Access to the first and second floor is via a passenger lift and stairs.

Catering and laundry services are located on the ground floor.

The home is registered to provide care for a maximum of 67 persons under the following categories:

<u>Nursing care</u>

I - Old age not falling into any other category
PH - Physical disability other than sensory impairment, under 65
PH (E) – Physical disability other than sensory impairment, over 65
TI – Terminal illness

8.0 Executive Summary

The unannounced inspection of Our Lady's Home was undertaken by Sharon McKnight on 19 March 2015 between 09 50 and 16 35 hours. The inspection was facilitated by Mrs Sharon Meenagh, acting manager, who was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 15 September 2014.

The three requirements and seven recommendations made as a result of the previous inspection were examined. Observations and discussion demonstrated that one requirement was assessed as compliant, two were assessed as moving towards compliance and are stated for a second time. Five recommendations had been fully complied with, one is assessed as moving towards compliance and one is assessed as not compliant. Both have been stated for a second time. Details can be viewed in the section immediately following this summary.

Inspection Findings

Review of seven patients' care records evidenced that continence assessments were undertaken. The outcome of these assessments clearly identified the patients' needs. Care plans to address the assessed needs of the patients were in place. The management and associated care records for urinary catheters was reviewed. Generally care records evidenced that catheters were changed regularly and in accordance with the recommended frequency. Areas for improvement were identified within the care records and three recommendations have been made.

There was evidence in patients care records that continence assessments and care plans were reviewed and updated regularly. The promotion of continence, skin care and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Policies and procedures were in place to guide staff regarding the promotion of continence and the management of incontinence and management and prevention of constipation. A recommendation is made with regard to the availability of best practice guidance for bladder and bowel continence and catheter and stoma care are readily available in the home to inform and guide staff.

Discussion with the manager and a review of training records confirmed that staff had attended training in continence care. The manager evidenced that a number of registered nurses were deemed competent in female catheterisation. The registered nurses spoken with also confirmed that training in male catheterisation could be accessed through the local health care trust.

Staff spoken with were knowledgeable regarding the management of urinary catheters, the frequency with which the catheters required to be changed and the management of stoma appliances.

From a review of the available evidence, discussion with relevant staff and observation, the level of compliance with the standard inspected is substantially compliant.

Additional Areas Examined

Care Practices
Complaints
Patient Finance Questionnaire
NMC Declaration
Patients' Comments
Relatives' Views
Staff Comments
Environment

There were no areas for improvement identified in the additional areas examined.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed and were relaxed and comfortable in their surroundings.

A total of two requirement and five recommendations were made as a result of this inspection.

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

9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Care Inspection Conducted on 15 September 2014.

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.	Review of care records evidenced that this requirement has been complied with.	Compliant
2	19(1)(a), schedule 3, 2(k)	The registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence care delivered. Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	Repositioning charts reviewed evidenced an improvement in the recording of care delivered. However three charts reviewed had not been completed to evidence repositioning throughout the night. This requirement is assessed as moving towards compliance and is stated for a second time. No concerns regarding the delivering of pressure care were identified.	Moving towards compliance
3	29(5)(a)	A copy of the report of the unannounced monthly visit must be forwarded to RQIA until further notice.	A copy of the report of the monthly unannounced visits which were completed in September and November 2014 were received by RQIA. The manager confirmed that visits had been completed in January and February 2015. There reports were received	Moving towards compliance

			by RQIA on 24 March 2015 following this inspection. This requirement is assessed as moving towards compliance and is stated for a second time.	

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.	Review of documents received by the home at the time of the patients' admission had been signed when received by the home. This recommendation has been complied with.	Compliant
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.	The three reports of the visits required under regulation 29 received made reference to areas for improvement. There was no detail of how these areas would be addressed. This recommendation is assessed as moving towards compliance and is stated for a second time.	Moving towards compliance
3	13.6	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. The acting manager must ensure that training is embedded into practice.	There was no evidence to support that this training had taken place. This recommendation is assessed as not compliant and is stated for a second time.	Not compliant

4	10.7	It is recommended that: • 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.	Review of care records evidenced that this recommendation has been complied with.	Compliant
5	5.1	It is recommended that all patients have a baseline pain assessment completed and	Review of care records evidenced that this recommendation has been complied with.	Compliant

		an ongoing pain assessment where indicated.		
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.	The management structure which was in place at the time this recommendation was stated no longer exists. Staff spoken with were aware of the management structure within the home and who to speak with if they had any concerns or required support. This recommendation is assessed as compliant.	Compliant
7	26.5	It is recommended that policies and procedures are dated when issued, reviewed or revised.	Policies reviewed contained the date of issue and review. This recommendation is assessed as compliant.	Compliant

9.1 Follow-up on any Issues/Concerns Raised with RQIA since the Previous Inspection such as Complaints or Safeguarding Investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 15 September 2014, RQIA have been notified of referrals in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. While RQIA are not part of the investigatory process RQIA have been kept informed of the ongoing investigations by the Belfast Health and Social Care Trust.

Following discussion with the manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of seven patients' care records evidenced that continence assessments were undertaken. The outcome of these assessments clearly identified the patients' needs. Care plans to address the assessed needs of the patients were in place. However a number of the care plans contained generic interventions and had not been personalised to meet the patients' individual needs. The type of continence products that patients' required was not identified in the patients' care records. A recommendation has been made to address these areas for improvement. Care records made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice. There was evidence in patients care records that continence assessments and care plans were reviewed and updated regularly. The promotion of continence, skin care and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was recorded in the care plan. Generally care records evidenced that catheters were changed regularly and in accordance with the recommended frequency. There was one occasion in a five month period where records did not evidence that a catheter had been changed. The registered nurse spoken with was knowledgeable regarding the identified patient's needs. However it is recommended that all treatment given is recorded in the care records. Urinary output of patients with a catheter was recorded daily. Review of patient's care records evidenced that patients and/or their representatives were informed of changes to their needs and/or conditions and the action taken.	Substantially compliant

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures were in place to guide staff regarding the promotion of continence and the management of incontinence and management and prevention of constipation. The inspector discussed the availability of best practice guidance documents within the home. None were available at the time of this inspection. It is recommended that best practice guidance on the management of bladder and bowel continence and catheter and stoma care are readily available in the home to inform and guide staff.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the manager and a review of training records confirmed that staff had attended training in continence care. The manager evidenced that a number of registered nurses were deemed competent in female catheterisation. The registered nurses spoken with also confirmed that training in male catheterisation could be accessed through the local health care trust. Staff spoken with were knowledgeable regarding the management of urinary catheters, the frequency with which the catheters required to be changed and the management of stoma appliances.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially compliant**

11.0 Additional Areas Examined

11.1 Care Practices

Staff were observed treating patients with dignity and respect. Good relationships were evident between patients and staff. A review of bed side charts evidenced that those patients who were being nursed in bed, were attended by staff on a regular basis.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being managed.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. However the returned questionnaire was not fully completed. The Belfast Health and Social Care Trust in conjunction with the home were reviewing the management of patients' monies within Our Lady's Home at the time of this inspection.

11.4 NMC Declaration

Prior to the inspection the manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC and that the registration status of all nursing staff was checked at the time of expiry.

11.5 Patients' Comments

The inspector spoke with 12 patients individually and with the majority of others in smaller groups.

Patient spoken with confirmed that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner and that the food was good. Patients were aware of who to speak to if they had concerns and wanted to make a complaint.

There were no issues or concerns raised with the inspector about care delivery in the home.

11.6 Relatives' Comments

Three relatives spoken with commented positively regarding the attitude of staff and the care their loved one received. They confirmed that the staff in the home kept them informed of any changes to their relatives' condition and consulted with relevant healthcare professionals in a timely way. Relatives spoken with were aware of the complaints procedure and who they would speak with if they had concerns.

There were no issues or concerns raised by relatives about care delivery in the home. One relative commented on the use of agency staff and the potential for staff who are not familiar with patients to impact on the continuity of care. This comment was shared with the manager during feedback at the conclusion of the inspection.

Four relatives completed questionnaires during the inspection.

Relatives comments in the questionnaire were as follows:

- "A bright welcoming home…."
- "Having a chapel is most important for our relative."
- "Staff are always willing to oblige."
- "Staff are always aware of my ….needs and medicines."

11.7 Staff Comments

The inspector spoke with ten staff including registered nurses, care assistants and house keeping staff. Staff spoken with commented positively in regard to the care delivery in the home, management and the support and training available. Staff were knowledgeable regarding individual patient need.

Six staff completed questionnaires. Staff responses indicated that staff received an induction, completed mandatory training, completed additional training in relation to the planned primary inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. Three staff indicated that they were very dissatisfied that they had time to listen and talk to patients citing the need for more staff to allow them time to interact with patients.

Examples of staff comments recorded in the returned questionnaires were as follows:
"

- "Sometimes there isn't enough staff depending on the situation."
- "If had more staff maybe we would have more time listen and interact with residents."
- "The staff in Our Lady's always put the welfare of the residents first and look after their individual needs to the best of their ability."
- "I feel the care is good and all staff work hard with each other."

Planned staffing and the deployment of staff was discussed with the manager and staff on duty. Following observation of care delivery and discussion with patients and relatives no concerns regarding staffing levels were identified.

11.7 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sharon Meenagh, 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 Knight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Prior to admission a registered staff nurse attends the patient to complete preadmission documentation to gather information from all sources in order to inform the admission process, in particular, information relating to nutrition, risk assessment and pain and continence assessment. On admission using all information the admitting nurse completes initial assessments and draws up care plans with the patient or the patients representative to meet the immediate care needs. Within 11 days an allocated named nurse completes holistic assessments of care needs to generate further	Substantially compliant

informed care plans. All care plans are reviewed monthly or as needs change where nescessary at more regular intervals throughout the month.	

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nursing interventions planned by a named nurse, following discussions with individual patients and their representatives, aim to maximise independance and are informed by relevent healthcare professional	Substantially compliant

recommendations. Risk assessments, in relation to pressure care and nutrition are carried out where indicated and treatment programmes are agreed using a multiprofessional approach through a referral process. Specialised care plans reflecting advice from appropriate professionals are generated and nursing care is informed by such plans, with progress notes updated electronically.	

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Care delivered to patients is reassessed on an ongoing basis. Changes to care plans are made as and when necessary and all care plans are reviewed and updated on a monthly basis by registered nurses.	Substantially compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
All aspects of care delivered are evidence based and informed by best practice guidelines. Screening of pressure ulcers is completed using Braden and nutrition is informed by NIPEC and MUST. Updated guidelines and information is provided to registered nurses through internal mail, email and group supervision.	Substantially compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nursing records ar kept electronically for all interventions, activities and procedures in accordance with NMC guidelines. A record of patients diet and fluids are recorded daily within the progress notes including any refusals or inability to tolerate. Where clinically indicated intake and output charts are implemented which help to inform decisions on which referals are made. Records are kept with sufficient detail as to meals provided to patients, these records are available for inspection when required.	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Care delivered to patients is monitored and recorded daily. On a monthly basis all records and care plans are reviewed by a named nurse and updates and changes are made with the involvement of patients or their representatives. Annually all care is evaluated multiprofessionally and appropriate action plans are agreed going forward. Care plans and records are reviewed and updated more regularly as and when care needs change.	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Where appropriate nursing staff discuss plans of care with individuals or their representatives ongoing. All patients and their representatives are invited to attend or contribute to the outcomes of multidisciplinary review meetings. Copies of minutes of meeting are forwarded to all parties by Care Management and nursing staff inform or discuss progress towards agreed outcomes with patients or their representatives on an ongoing basis.	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Meals provided are nutritionally balanced and varied. Menus are informed by Government guidelines. Patients on therapeutic or specific diets are provided meals based on guidence provided by professionals with expert knowledge within this discipline. Menus offer patients a choice of two options at any one meal time. However, should patients not want either choice and alternative will be provided.	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Training relating to feeding patients and the management of patients with swallowing difficulties is ongoing. Techniques for feeding patients are informed and guided by speech and language therapists and individual car plans. Meals are provided at conventional times but also consider times which best suit the needs of the residents in each nursing unit. Hot and cold drinks and snacks are available when required via the main kitchen during working hours and via individual unit kitchenettes outside main kitchen opening. All staff are made aware of the eating and drinking needs of patients at handover period, which includes aids and	Substantially compliant

equipment. New staff are required to complete a period of observation prior to assisting patients with meals. All meals are supervised by a registered nurse. Patients individual care plans inform the assistance and management of eating and drinking. All registered nurses have a knowledge base and skills in the management of wound care. Wound assessment, treatment and evaluation is guided by the Braden and where necessary patients are referred to Tissue Viability for further knowledge and guidance, in particular for advice on appropriate wound care products, dressings and pressure relieving equipment.	

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	**COMPLIANCE LEVEL**
	Provider to complete

Quality Improvement Plan

Unannounced Care Inspection

Our Lady's Home (1277)

19 March 2015

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 Mrs Sharon Meenagh, manager, 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	19(1)(a), schedule 3, 2(k)	The registered person shall maintain contemporaneous notes of all nursing provided to the patient. Repositioning charts must be accurately maintained to evidence care delivered. Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning. **Ref section 9**	Two	Contemporaneous notes are maintained of all nursing provided to the patient. Repositioning charts contain evidence that a skin inspection of Pressure areas has been undertaken at the time of each repositioning, with date, time and signature	By the end of April 2015
2	29(5)(a)	A copy of the report of the unannounced monthly visit must be forwarded to RQIA until further notice. **Ref section 9**	Two	Monthly report has been forwarded to RQIA after each Monthly visit	By the end of April 2015

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	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. **Ref section 9**	Two	The Action Plan from each previous visit is reviewed and action taken documented	By the end of April 2015
2	13.6	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. The acting manager must ensure that training is embedded into practice. **Ref section 9**	Two	The Acting Manager is training all registered nurses in the regional procedure for the Protection of Vulnerable Adults and assessing competencies through questions and answers	By the end of May 2015
3	19.1	Care plans should be further developed to include the following: • individualised interventions to meet the patients' assessed needs • the specific type of continence products that patients' required. **Ref section 9**	One	Care plans are individualised to meet each patient's needs and include details of each continence product required.	By the end of April 2015
4	6.4	All treatment given should be recorded in the	One	All treatment given is recorded	By the end of

		care records. **Ref section 10, 19.1**		in the care records	April 2015
5	19.2	Best practice guidance on the management of bladder and bowel continence and catheter and stoma care should be readily available in the home to inform and guide staff. **Ref section 10, 19.2**	One	Best practice guidance (NICE, RCN and NIPEC Guidelines) are available to inform and guide staff on bladder, bowel, catheter and stoma care	By the end of May 2015

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sharon Meenagh
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Sharon McKnight	1-06-15
Further information requested from provider			