

Unannounced Care Inspection Report 30 and 31 January 2018



Our Lady's Home

Type of Service: Nursing Home (NH)
Address: 68 Ard Na Va Road, Falls Road, Belfast, BT12 6FF
Tel no: 028 9032 5731
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 86 persons.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual: Brian Macklin	Registered Manager: Nora Curran
Person in charge at the time of inspection: Nora Curran	Date manager registered: 13 July 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 86 comprising: 67 – NH-I, NH-PH, NH-PH(E), NH-TI 19 – NH- DE This home is also approved to provide care on a day basis to 4 persons in the general nursing unit and 1 person in the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 09.25 to 17.30 and 31 January 2018 from 09.30 to 18.15.

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

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

Evidence of good practice was found in relation to monitoring the professional registration of staff; governance processes relating to staff training/mentoring and staff communication with patients.

Areas for improvement under regulation were identified in relation to the internal environment of the home; infection prevention and control practices (IPC); the delivery of care and governance processes relating to service delivery.

Areas for improvement under the standards were identified in relation to storage; interior signage; ensuring the dignity of patients and the dining experience of patients.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	*4

*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Nora Curran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 9 and 10 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 9 and 10 October 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 19 patients, 11 staff, six patients' relatives and one visiting professional. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during or following the inspection:

- duty rota for all staff from 15 to 28 January 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- four patient care records
- supplementary care records including repositioning and monthly weights records
- the matrix for staff supervision and appraisal
- a selection of governance audits including drug administration; maintenance; environment and wound care
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 and 10 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that the infection prevention and control issues identified during the previous care inspection had been satisfactorily addressed. Other areas for improvement in relation to IPC deficits which were identified during this inspection are discussed further in section 6.4.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered persons must ensure that any medicine within the home is stored securely and appropriately at all times.	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that medicines within the home were stored securely and appropriately.	
Area for improvement 3 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that all chemicals were stored in keeping with COSHH regulations.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all patients who are receiving care for the prevention/management of pressure ulcers:</p> <ul style="list-style-type: none"> • are repositioned in adherence with their relevant risk assessments and care plans, • that all pressure relieving aids are used in compliance with the manufactures' instructions and that any required settings are detailed in relevant care plan(s), • that staff check and record during each repositioning intervention that all relevant pressure areas have been checked. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of three patients who required the use of pressure relieving mattresses confirmed that the equipment was used in compliance with the required settings which were detailed in relevant care plan(s). However, supplementary repositioning records for one patient highlighted that they had not been repositioned in adherence with their relevant risk assessments and care plans. Furthermore, the patient's repositioning records evidenced inconsistent and insufficient details in regards to the examination and monitoring of all pressure areas. This deficit is discussed further in section 6.5.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that staff are appropriately trained to meet the needs of the patients, specifically training in patient behaviours which challenge staff should be provided.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with both the registered manager and staff confirmed that there was an ongoing training programme which included challenging behaviours. No concerns were expressed by staff in regards to their ongoing training needs.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that safeguarding training is fully embedded into practice and that staff are knowledgeable about what to do if abuse or potential abuse is identified.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with both nursing and care staff evidenced that safeguarding training was fully embedded into practice and that staff were knowledgeable about what to do if abuse or potential abuse was identified.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients alongside the orientation of staff, patients' relatives/representatives and visiting professionals.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced that there remains a lack of consistent signage within the home which promotes the orientation and comfort of patients alongside the orientation of staff, patients' relatives/representatives and visiting professionals. The interior signage of the home is discussed further in section 6.4.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 47</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the identified bath hoist is maintained beyond use until it is repaired or replaced.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment and discussion with the registered manager confirmed that all bath hoists used by staff were in safe working order.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that patient's weights are obtained and recorded in compliance with their care plans and/or multidisciplinary recommendations. Any instances of patients' refusal to consent to be weighed should be recorded within the patient's care records along with subsequent actions taken by nursing staff to effectively manage the situation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the care record and weekly weight record for one patient confirmed that their weight was obtained and recorded in compliance with relevant care plans and/or multidisciplinary recommendations. Any instances of the patient refusing to consent to being weighed or being unavailable within the home were also recorded. Subsequent actions taken by nursing staff to effectively manage the situation were recorded.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all patients who are excessively drowsy or asleep during set mealtimes are escorted to a suitable setting and assisted with meals at a more suitable time.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the lunch time meal evidenced that staff promoted and maintained the dignity and well-being of patients throughout their dining experience. These observations are discussed further in section 6.6.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that all routines and care practices within the home are patient centred and safeguard patient, specifically, the timely transfer of patients from their wheelchairs throughout the day.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Patients were observed being transferred from their wheelchairs in a timely manner within various lounges and communal areas. Patients who were spoken with raised no concerns in regards to staff providing timely assistance within various lounges.</p>		

Area for improvement 8 Ref: Standard 39 Stated: First time To be completed by: With immediate effect	The registered persons shall ensure that all newly employed staff within the home completes an induction and that a written record of the induction is kept within the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager/staff and review of governance records confirmed that all newly employed staff within the home completed an induction and that a written record of the induction was kept within the home.	
Area for improvement 9 Ref: Standard 40 Stated: First time To be completed by: With immediate effect	The registered persons shall ensure that records of staff supervision and appraisal are maintained and available for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of governance records evidenced that records of staff supervision and appraisal were maintained and available for inspection.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 15 to 28 January 2018 evidenced that there were four occasions when planned staffing levels were not adhered to. The registered manager stated that the majority of these instances arose due to short notice sick leave and that despite contingency measures being adhered to, no additional staff were available although staff within the building were redeployed as necessary. The registered manager stated that these staffing arrangements had not adversely affected the running of the home on the dates highlighted. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager further confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. All staff who were spoken with expressed satisfaction in the level of support they received from the registered manager.

Review of the training records for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. The majority of staff spoken with confirmed that they had received training with regards to managing challenging behaviours while those who didn't confirmed that they had only recently completed their induction and that such training was pending. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place. While the registered manager stated that fire drills were conducted on a regular basis, records evidenced that the last fire drill occurred in September 2017. This was discussed with the registered manager and it was agreed that such drills should be carried out with such frequency as to ensure that all staff are competent in relation to what actions to take in the event of a fire. An area for improvement under regulation was therefore made.

The majority of patients' bedrooms, dining rooms and lounges were found to be warm, clean, fresh smelling and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. However, weaknesses were highlighted in relation to the internal environment of the home. Nine chairs within the communal lounge and visitor's lounge situated in unit C were significantly stained and worn. Similarly, a further four chairs located in unit B and seating within the designated smoke room were in an unsatisfactory condition. A number of table mats in two dining areas were also noted to be partially torn. These shortfalls were highlighted to the registered manager and an area for improvement under regulation was made.

In addition, observation of several communal and storage areas highlighted that they had been ineffectively cleaned. We also sought the opinion of patients, patient representatives and staff regarding the standard of decor, hygiene and cleanliness of the home. The following comments were made:

Relatives/representatives said:

“The furniture in the day room is a health hazard.”

“The home isn’t clean enough.”

Staff said:

“...they need more domestics”

“Some corridors aren’t clean...”

Governance processes in relation to the ensuring the cleanliness of the internal environment of the home is addressed further in section 6.7.

Two communal bathrooms were observed to be cluttered and used by staff inappropriately for storage. This was brought to the attention of the registered manager and it was stressed that all communal areas should be suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that room. An area for improvement under the standards was made.

It was observed that not all communal areas within the home had signage which would help to promote the orientation and comfort of patients and/or visitors and staff. For example, all units throughout the home evidenced signage which reflected previously used unit names which are no longer actively used. This was discussed with the registered manager who confirmed that such unit names which were no longer actively used although remained present on existing floor plans located at each nursing station and in some communal areas. It was further highlighted to the registered manager that the designated smoke room and four communal toilets lacked necessary signage for promoting patient orientation. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was stated for a second time. A notice board displaying information regarding occupational therapy services within the home was also noted to be out of date and inaccurate. This was discussed with the registered manager who agreed to update the notice board with relevant and accurate information.

Deficits were observed in relation to infection, prevention and control practices. For example, several notices throughout the home were not laminated, the flooring, fridge and wall panelling within one identified dining area were noted to have been ineffectively cleaned, and several wall mounted hand sanitisers were stained and/or dusty. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance and was highlighted to the registered manager. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

Areas for improvement

Areas for improvement under regulation were identified in relation to fire safety, the internal environment of the home and infection prevention and control practices.

An area for improvement under the standards was identified in relation to storage within communal areas. A further area for improvement under the standards was stated for a second time in regards to interior signage.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

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

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also evidenced.

A shortfall was observed in relation to promoting and maintaining patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. SALT dietary recommendations for patients were inappropriately displayed in two dining areas. This was discussed with the registered manager who agreed that patient information, such as SALT assessments should be stored confidentially in keeping with professional standards and legislative requirements. The identified assessments were removed before conclusion of the inspection. This will be reviewed during future inspections.

Weaknesses were also highlighted in relation to the management of patients who required regular repositioning due to the risk of developing pressure sores. Although relevant care plans were in place for one patient who was assessed as being at high risk of developing pressure sores, they lacked sufficient information in regards to how frequently the patient should be repositioned. Furthermore, review of supplementary repositioning records for this patient also highlighted that they had been completed in an incomplete and/or inconsistent manner and that staff had not adhered to the agreed repositioning schedule. This was highlighted to the registered manager and an area for improvement under regulation was stated for a second time.

A review of the care records for three patients who required the use of pressure relieving mattresses along with observation of their care did evidence that the equipment was used in compliance with the required settings which were detailed in relevant care plan(s).

A review of the care record for one patient who had a pressure ulcer confirmed that an appropriate care plan was in place. However, the care plan lacked sufficient information relating to the patient's ongoing wound care regimen. Although discussion with nursing staff confirmed that the wound had been dressed on the day of inspection and was improving, review of the daily nursing notes did not confirm that the wound had been consistently dressed in compliance with the required dressing regimen. Similarly, care records for a second patient who required regular wound care evidenced that while care plans were in place, they also lacked sufficient detail in keeping with best practice standards.

In addition, discussion with the registered manager, nursing staff and a review of daily nursing notes evidenced that nursing staff did not always record wound care information using the same records which led to insufficient and inconsistent record keeping. Consequently, there was a risk of patients not receiving the required care. These deficits were highlighted to the registered manager and an area for improvement under regulation was made. Systems which assure the quality and the delivery of care in relation to wound care are discussed further in section 6.7.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and communication with the multi-professional team.

Areas for improvement

An area for improvement under regulation was identified in relation to the delivery of wound care. An area for improvement under regulation in regards to care records was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. All patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic manner which promotes the social, emotional, spiritual and psychological wellbeing of patients.

We met with patient, patients' representatives, staff and a visiting healthcare professional during the inspection. Comments made to the inspector included the following:

Patients said:

"The girls are really lovely."

"I love it here very much ... they couldn't be friendlier people."

"I have no complaints."

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

Relatives/representatives said:

"The standard of care is very good."

"The care assistants and nurses are genuinely good people."

Staff said:

"It's a good home."

"I like working here."

Comments received in relation to the cleanliness of the home are discussed in section 6.4.

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

At the time of writing this report six completed questionnaires were received within the specified timescales of which four were completed by patients' relatives. Relatives' comments recorded on the questionnaires included:

"The care and attention given to ... dietary needs and choices are exemplary."

"Having looked around many nursing homes for ... Our Lady's was perfect."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of two storage areas and discussion with staff evidenced that net incontinence pants and 'unclaimed' socks were being used communally. This was discussed with the registered manager and it was stressed that such items should only be used on an individual basis in order to ensure the dignity of patients at all times. An area for improvement under the standards was made.

Observation of the lunch time meal evidenced that the dining areas were clean, tidy and appropriately spacious for patients and staff. The cleanliness of one identified dinette area used by staff and the use of table mats is discussed further in section 6.4. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal.

During the evening meal it was observed that four patients were assisted to the dining area and although supervised by staff, they had to wait 45 minutes prior to the meal being served. It was also observed that three meals had been left covered within a nursing station at least 30 minutes before being brought to patients who were eating their evening meal within their bedrooms. No provision was made to ensure that these meals were served to patients at the correct temperature. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was made.

Areas of good practice

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

Areas for improvement

Two areas for improvement under the standards was identified in relation to maintaining the dignity of patients and the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

The registration certificate displayed in the main reception was out of date. This was brought to the attention of the registered manager who confirmed that the new certificate had been received. We confirmed that the new certificate was displayed as required before the conclusion of the inspection. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required. The registered manager also confirmed that new policies and procedures continue to be phased in since the acquisition of the home by the new proprietor in September 2017.

Discussion with the registered manager and review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. The complaints policy was appropriately displayed throughout the home.

Staff recruitment information relating to one member of staff was reviewed. Discussion with the registered manager confirmed that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, the date on which the AccessNI check was received was not evidenced within the recruitment record. This was discussed with the registered manager and it was agreed that this date should be clearly recorded. This will be reviewed during future inspections.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. The December 2017 report stated "the home is maintained to a good standard although there are environmental changes to be made." As detailed in section 6.4 we identified areas for improvement in relation to the home's internal environment and IPC practices.

The governance systems in place to assure the quality of the services provided were reviewed and discussed with the registered manager. Deficits were highlighted in relation to domestic tasks not being regularly audited to ensure effective service delivery. For example:

- records indicated that patients' bedrooms were not deep cleaned regularly but only when the room was vacated
- audits relating to cleanliness were not completed consistently
- the monthly home manager's audit was not completed consistently

In addition and as discussed in section 6.5, review of records pertaining to the management of pressure area care, such as repositioning charts, evidenced deficits. Furthermore, review of the governance arrangements for wound care highlighted that there was no regular auditing taking place. This was concerning and we sought assurances from the registered manager that a robust process would be implemented to ensure the registered manager was ensuring the safe and effective delivery of pressure area care and wound care within the home. Details of the findings were discussed with the registered manager and an area for improvement under the regulations was made.

Governance records submitted to RQIA following the inspection also confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance. The submitted records were also shared with the RQIA estates team for further action, as appropriate.

A review of records submitted to RQIA following the inspection further demonstrated that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months. Records evidencing the servicing of such equipment were also available. It was also noted that LOLER and servicing records had been reviewed on a monthly basis by the registered manager.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints.

Areas for improvement

An area for improvement under regulation was made in relation to governance processes regarding quality assurance and service delivery.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients who are receiving care for the prevention/management of pressure ulcers:</p> <ul style="list-style-type: none"> • are repositioned in adherence with their relevant risk assessments and care plans, • that staff check and record during each repositioning intervention that all relevant pressure areas have been checked. <p>Ref: Section 6.5</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions are taken against the risk of fire, specifically:</p> <ul style="list-style-type: none"> • by means of fire drills and practices at suitable intervals, that staff working at the nursing home and, so far as practicable, patients, are aware of the procedure to be followed in the case of a fire, including the procedure for saving life. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Fire drills are held every 6 months with the fire consultant from the company when he carries out the fire awareness training with all staff in the home.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 18 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that the deficits identified in this inspection, specifically in relation to seating and dining facilities are well maintained and are suitable for the needs of patients and/or visitors.</p> <p>Ref: Section 6.4.</p> <hr/> <p>Response by registered person detailing the actions taken: New chairs have been ordered and we are awaiting their arrival, chairs that had ripped covers have been removed from the home, the company has just received approval for the commencement of refurbishment of the home and additional rooms and therefore there will be a full review of all furniture when this is completed.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4.</p> <hr/> <p>Response by registered person detailing the actions taken: The company has just received approval for the commencement of refurbishment of the home and additional rooms and therefore there will be a review of the overall environment when the work is completed.</p> <p>Infection control audits are in place and carried out each month Torn chairs and table mats have been removed from the home deep clean of rooms will be scheduled notices on notice boards are laminated</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2018</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • that care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record, • that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, • that a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. <p>Ref: Sections 6.5 and 6.7.</p>

	<p>Response by registered person detailing the actions taken: Wound care audits are maintained monthly with a list of patients who have open wounds and therefore management can review their plan of care and audit accordingly</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice. Specifically:</p> <ul style="list-style-type: none"> that the provision of all housekeeping services throughout the home is subject to regular auditing in order to provide effective quality assurance of service delivery. <p>Re: Sections 6.4 and 6.7.</p>
	<p>Response by registered person detailing the actions taken: the infection control audit will take place each month, this audit identifies all the areas mentioned in the report</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: Second time</p> <p>To be completed by: 7 March 2018</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients alongside the orientation of staff, patients' relatives/representatives and visiting professionals.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Signage is currently being redesigned and will be in place as soon as it is ready.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all communal areas are suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that room.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: All areas raised in the inspection have been addressed and further work will be completed on the refurbishment plan</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the dignity of patients is promoted at all times and that no clothing, specifically net pants and/or socks, are used communally.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: All communal use items have been removed and staff made aware that this is not acceptable practice. All patients will have access to their own supply of same.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all routines and care practices within the home are patient centred, specifically:</p> <ul style="list-style-type: none"> • patients should only be assisted to dining areas immediately prior to the serving of meals unless they request otherwise, • meals should only be transported from the kitchen area immediately prior to being served to patients to ensure meals are served hot. <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have been made aware of not bringing the patients to the dining room too long before meals and that meals that are not being served immediately should be kept covered and remain in the kitchen area and only taken from the kitchen when the patient is ready for the meal.</p>

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