# Unannounced Post-Registration Care Inspection Report
# 9 and 10 October 2017

# Our Lady's Home

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

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

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

## 4.0 Inspection summary

An unannounced inspection took place on 9 October 2017 from 09.30 to 17.30 and 10 October 2017 from 10.00 to 18.00.

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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the change of ownership 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 promoting a culture of teamwork within the home; fire safety practices; the spiritual care of patients and the management of accidents and incidents.

Areas for improvement under regulation were identified in relation to compliance with Control of Substances Hazardous to health (COSHH), the storage of medicines, infection prevention and control (IPC) practices and the delivery of care.

Areas for improvement under the standards were identified in relation to staff training, the interior environment of the home, care records, the dining experience of patients, the delivery of care and governance processes relating to staff recruitment and management.

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** | 4 | 9 |

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

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

## 4.2 Action/enforcement taken following the most recent inspection dated 31 May 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 2017. No further actions were required to be taken following this inspection.

## 5.0 How we inspect

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

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

During the inspection the inspector met with 19 patients, 13 staff, five patients' relatives and one visiting professional.

Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from 25 September to 8 October 2017
- 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 relatives' meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- 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, deputy manager and regional 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 or not met.

## 6.0 The inspection

## 6.1 Review of areas for improvement from the most recent inspection dated 31 May 2017

The most recent inspection of the home was a medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 05 October 2016

| 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**<br><br>**Ref**: Regulation 20(1)(a)<br><br>**Stated:** First time | The registered person must ensure that staff employed are suitably qualified. Robust systems to check that registered nurses and care staff maintain a live registration with their professional body must be implemented. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of records and discussion with the registered manager and regional manager confirmed that a robust system was in place which monitors the professional registration of both nursing and care staff. Records further evidenced that this system had been reviewed on a regular basis. | |
| **Action required to ensure compliance with The Care Standards for Nursing Homes (2015)** | | **Validation of compliance** |
| **Area for improvement 1**<br><br>**Ref**: Standard 35.5<br><br>**Stated:** First time | It is recommended that continuity plans are put in place to ensure any disruption to the delivery of care is kept to a minimum during the refurbishment work. Staff should be fully informed of the plans and agreed working practices. Consideration should be given to increasing staff on days when the normal routine is significantly disrupted. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the environment and discussion with the registered manager confirmed that the planned refurbishment work referred to in the previous care inspection report was now completed. No negative feedback concerning the impact of such work was received throughout the inspection. | |

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| **Area for improvement 2**<br><br>**Ref**: Standard 44.1<br><br>**Stated:** First time | It is recommended that a cleaning schedule is put in place for the identified unit to ensure all areas are cleaned as required and provide staff with the required direction of who is required to undertake what. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of records and discussion with the registered manager confirmed that a cleaning schedule was in place for each unit.<br>Feedback from staff in relation to the cleanliness of the environment is discussed further in section 6.6. | |
| **Area for improvement 3**<br><br>**Ref**: Standard 48<br><br>**Stated:** First time | It is recommended that the use of the identified area for storage should be discussed with the fire risk assessor to ensure that it does not compromise fire safety. RQIA should be informed of the outcome of this discussion. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the environment and discussion with the registered manager confirmed that the storage area identified during the previous care inspection is no longer used for inappropriate storage. | |
| **Area for improvement 4**<br><br>**Ref**: Standard 4.7<br><br>**Stated:** First time | It is recommended that the care records are reviewed at the time of each admission to the home to ensure that accurately reflect the needs of the patients. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of three care records evidenced that the needs of patients were accurately recorded at the time of admission and reflected their assessed needs. | |

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| **Area for improvement 5**<br><br>**Ref**: Standard 4.1<br><br>**Stated:** First time | It is recommended that an assessment of patient need is commenced on the day of admission and completed within five days of the admission. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of three care records evidenced that nursing staff commenced assessment of patients on the day of admission and that such assessments were completed within specified timescales. | |
| **Area for improvement 6**<br><br>**Ref**: Standard 4<br><br>**Stated:** First time | It is recommended that each patient's health, personal and social care needs are set out in an individual care plan; the care plans should prescribe the interventions required to meet the patients' needs. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of three care records evidenced that patients' personal and social care needs were addressed within individualised care plans. While the majority of care plans did prescribe the nursing interventions required, deficits were noted in relation to care plans focusing on the prevention of pressure ulcers. This is discussed further in section 6.5. | |

## 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 25 September to 8 October 2017 evidenced that there were three occasions when planned staffing levels were not adhered to as a result of short notice sick leave. Feedback from the deputy manager evidenced that on each occasion contingency measures were put in place to ensure the safe and effective delivery of care to patients.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met and that staff possessed the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff compliance with mandatory

training is monitored and reviewed by the registered manager. The registered manager also confirmed that measures are in place to address any incidents of non-compliance from staff with regards to mandatory training.

With regards to challenging behaviour training, six staff stated that they had not yet undergone such training and felt that they lacked the knowledge and confidence to manage such situations. This was discussed with the registered manager and it was agreed that challenging behaviour training was an important aspect of staff development in order to promote and safeguard the dignity and well-being of patients at all times. An area for improvement under the standards was stated.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

However, while the majority of staff spoken with demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns, four staff who confirmed that they had undergone such training, did not. This was discussed with the registered manager and it was stressed that adult safeguarding training must be effectively embedded into practice in order to promote and safeguard the safety and well-being of patients at all times. An area for improvement under the standards was stated.

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. Observation of staff evidenced that fire safety training had been embedded into practice.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. While the majority of patients' bedrooms did have appropriate signage it was observed that some patients' bedroom signs were missing, incorrect or difficult to read. It was further observed that not all communal areas within the home had signage which would help to promote the orientation and comfort of patients. In addition, interior signage which is no longer in use was also noted. These weaknesses were highlighted to the registered manager and an area for improvement under the standards was stated.

Deficits observed in relation to infection, prevention and control practices included the following: one commode and one shower chair which had been poorly cleaned following patient use; two chairs used by staff were observed to be torn and frayed; linen and nursing equipment were inappropriately stored within one sluice area; incontinence products were observed to be inappropriately stored in several areas; vinyl flooring within one patient's en suite area was in disrepair and uncovered meals being brought to those patients eating and drinking within their bedrooms. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This

was highlighted to the registered manager and an area for improvement under the regulations was stated.

During a review of the environment the inspector identified eight areas within the home where patients could potentially have had access to harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

During the inspection it was observed that a treatment room had been left unlocked. It was further noted that a fridge used within the same treatment room was also unlocked. In addition, review of the home environment evidenced eight areas in which patients' medications had been inappropriately stored. These weaknesses were highlighted to the registered manager and it was agreed that all medicines should be securely stored at all times and an area for improvement under regulation was stated. This matter has been referred to the aligned medicines management inspector.

Deficits were also evidenced with regards to a bath hoist system which was cracked and incomplete rendering it unsafe for patient use. This was highlighted to the registered manager and it was agreed that this should not be used until suitable repairs had been completed. An area for improvement under the standards was stated.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home and fire safety practices.

**Areas for improvement**

Areas for improvement under regulation were identified in relation to COSHH, the storage of medicines and infection prevention and control practices

Areas for improvement under the standards were identified in relation to the internal environment of the home and staff training.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 3 | 4 |

**6.5 Is care effective?**

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

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.

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 responsibilities with

regards to adult safeguarding is discussed further in section 6.4. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager. Although the majority of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals it was evidenced that the clinical needs of one patient was not effectively communicated between staff. Although this particular breakdown in staff communication did not place the patient at risk of any harm, the need to ensure effective communication between staff at all times was stressed to the registered manager and regional manager.

Discussion with the registered manager 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. Such meetings included the following:

- general staff meeting – conducted quarterly
- heads of department meeting – conducted weekly
- unit meeting – conducted bi-monthly
- clinical review meeting – conducted weekly

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).

Food and fluid intake records evidenced that these were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. Regular communication with patients' relatives/representatives within the daily care records was also found.

Weaknesses were identified within patient care records in relation to supplementary repositioning charts. Care plans for one patient who was assessed as being at a very high risk of pressure ulcers indicated that staff were required to reposition the patient every four hours while examining any pressure areas during each intervention. This patient's repositioning records were found to be partially completed and did not evidence that staff had examined the patient's pressure areas as prescribed. The same deficits were also evidenced on the repositioning records for a second patient who had been assessed as being at a high risk of developing pressure ulcers. Furthermore, the care plans for three patients who required the use of an alternating pressure mattress were also reviewed. Care plans for two of these patients made no reference to the use of such equipment and the third patient's care plans gave no indication as to the correct settings required when using such equipment for that patient's specific needs. In addition, the mattress settings for one of these patients was noted to be incorrect based upon the patient's recorded weight. This was immediately brought to the attention of the registered manager who agreed to ensure that the mattress settings were corrected. These weaknesses were highlighted to the registered manager and an area for improvement under regulation was stated.

Review of care records for one patient, who was assessed as being at medium risk of malnutrition, highlighted that staff had not monitored the patient's weight on a weekly basis in compliance with their prescribed care. This was discussed with nursing staff who stated that this was due to the patient occasionally refusing to be weighed although agreed that such refusals had not been documented. It was further noted that the patient was under the care of both the dietitian and SALT. This deficit was discussed with the registered manager and an area for improvement under the standards was stated.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance processes relating to staff meetings and multidisciplinary collaboration.

**Areas for improvement**

An area for improvement under regulation was identified in relation to the delivery of care.

An area for improvement under the standards was identified in relation to care records.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 1 |

**6.6 Is care compassionate?**

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

Staff interactions with patients were largely observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"I like it here."
"I'm very well looked after."
"The girls are great."
"It's a friendly welcoming place."
"The care is very good."

Furthermore, feedback received from patients' relatives/representative during the inspection included the following comments:

"I couldn't praise the place enough."
"The care is very good."
"I'm happy with the care."

Feedback received from staff during the inspection included the following comments:

"The care is fantastic."

"I feel the unit is not as clean as it should be."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

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.

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.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report one completed relative questionnaire was returned and stated that they were satisfied with the delivery of care. All questionnaire comments were shared with the registered manager following the inspection for consideration and action as appropriate.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. The majority of patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic need of patients.

However, some weaknesses were observed in regards to the dining experience of patients. Staff were observed escorting one patient to the dining area who appeared to be both physically and emotionally agitated. No staff were observed to actively engage with the patient in order to provide focused reassurance before the patient chose to leave the dining area without eating lunch. Three staff members were also observed serving patients their lunch with limited verbal and non-verbal communication. It was further noted that one patient was brought to the dining area whilst appearing to be asleep. Staff attempted to waken the patient several times without success but did not escort the patient to a more appropriate area in which to rest. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was stated.

It was further observed that patients in two communal areas had not been assisted from their wheelchairs into more comfortable seating in a timely manner. Care staff spoken with stated that the patients would normally remain in their wheelchairs until staff were available to assist them to the toilet prior to lunch. This was highlighted to the registered manager and the potential for patients' comfort and/or safety to be impacted was highlighted. An area for improvement under the standards was stated.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

**Areas for improvement**

Two areas for improvement under the standards were identified in relation to the dining experience of patients and the provision of person centred care.

| | 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 the majority of their 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 manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff spoke positively about the sense of leadership which exists within the home together with the approachability of the registered manager and deputy manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. No staff spoken with expressed any concerns in regards to the recent change of home ownership.

The registration certificate was up to date and displayed appropriately. 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.

There were systems and processes 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.

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 DHSSPS 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. However, it was highlighted that the complaints policy on display within the home contained inaccuracies and the registered manager agreed to ensure that an accurate complaints policy would be placed on display. This will be reviewed during future inspections.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- accidents and incidents
- falls management
- kitchen environment
- administration of medicines

Discussion with the registered manager and 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 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 are being phased in since the acquisition of the home by the new proprietor.

Staff recruitment information was available for inspection and records for one staff member evidenced 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.

Deficits were noted however in regards to induction of new staff members. Records for one staff member did not evidence that an induction had been carried out. This was highlighted to the registered manager an area for improvement under the standards was stated.

Discussion with the registered manager 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. The majority of staff who were spoken with expressed satisfaction with the degree of support they receive from the registered manager. However, discussion with the registered manager evidenced that supervision and appraisal records for staff were not up to date. The need to ensure that appropriate records of supervision and appraisal was stressed with the registered manager. An area for improvement under the standards was stated

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery and monthly monitoring.

**Areas for improvement**

Two areas for improvement under the standards were identified in regards to governance processes relating to staff recruitment and management.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 2 |

## 7.0 Quality improvement plan

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

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | 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.<br><br>Ref: Section 6.4 |
| | **Response by registered person detailing the actions taken:**<br>In relation to poorly cleaned commode and shower chair -<br>1) Unit Sisters and Deputy Manager are completing a review of cleaning schedules for care staff. 2) Infection Control Training has recently been updated for all relevant staff, however there will be in-house group supervision sessions carried out as a followup from training. 3) All Nurses to carry out spot checks on cleanliness of equipment. 4) Environmental audits ongoing as part of routine monthly audits.<br>In relation to inappropriate storage of items such as incontenence products -<br>1) This has been highlighted to all staff & correct storage procedures communicated to all.<br>In relation to uncovered meals -<br>1) This has been highlighted to all staff & correct procedures communicated.<br>2) All senior staff and Nurses to monitor during meal times.<br>In relation to vinyl flooring -<br>1) Maintenance Team carried out an audit on all en suite areas. New provider (Macklin Group) are currently developing plans which include refurbishment.<br>In relation to torn or frayed office furniture -<br>1) Any items found to be below Infection Prevention standards have been condemed and removed from the home. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered persons must ensure that any medicine within the home is stored securely and appropriately at all times.<br><br>Ref: Section 6.4 |
| | **Response by registered person detailing the actions taken:**<br>In relation to prescribed supplementary medicinces. Locks have now been placed on the relevant cupboards and keys are held by the nurse.<br>In relation to clinical rooms and drugs fridges being locked - All locks and keys checked. Locks on two fridges needed replaced and this has been completed. |

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| **Area for improvement 3**<br><br>**Ref**: Regulation 14 (2) (a)(c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.<br><br>Ref: Section 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Locks of all cleaning stores have been checked and some locks replaced.<br>Missing keys also replaced and all relevant staff aware of how to access keys to keep areas with chemicals locked when not in use.<br>All relevant staff reminded to keep cleaning trolleys by their side when working on the units, and to bring the trolley into the room beng cleaned. |
| **Area for improvement 4**<br><br>**Ref:** Regulation 13 (1) (a)(b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered persons must ensure that all patients who are receiving care for the prevention/management of pressure ulcers:<br><br>• are repositioned in adherence with their relevant risk assessments and care plans,<br>• 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),<br>• that staff check and record during each repositioning intervention that all relevant pressure areas have been checked.<br><br>Ref: Section 6.5 |
| | **Response by registered person detailing the actions taken:**<br>In relation to Supplementary records - 1) All relevant staff reminded of the importance of contemporaneous recordings. 2) All nurses to ensure clear instruction at the top of each chart e.g. frequency of repositioning. 3) Senior Care Assistants, Nurses, Unit Sisters, Deputy Manager & Manager all responsible for spot checks and auditing of supplementary records. 4) Staff must record when they have observed relevant pressure areas on a resident.<br>In relation to pressure relieving devices - 1) A live electronic register is held on the shared drive for access by all nurses. 2) All care plans reviewed and now include make and setting of pressure relieving device in use. |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015). | |
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| **Area for improvement 1**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 December 2017 | 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.<br><br>Ref: Section 6.4<br><br>**Response by registered provider detailing the actions taken:**<br>All mandatory training is up to date within the home and forms part of a rolling programme throughout the year.<br>Several staff have completed BHSCT training for managing behaviours which challenge, however it has been identified that further training is required. this will be carried out in-house in the form of teaching session and group supervisions. |
| **Area for improvement 2**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 December 2017 | 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.<br><br>Ref: Section 6.4<br><br>**Response by registered provider detailing the actions taken:**<br>All staff have completed training in Adult Safeguarding, and this is updated yearly.<br>A new poster has been put on display in all staff areas, clearly instructing what to do if there are any concerns, no matter how small, about a resident. |
| **Area for improvement 3**<br><br>**Ref**: Standard 43<br><br>**Stated:** First time<br><br>**To be completed by:**<br>17 December 2017 | 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.<br><br>Ref: Section 6.4<br><br>**Response by registered provider detailing the actions taken:**<br>1) Review of all residents' bedroom doors carried out. New printed and laminated door names put in place.<br>2) Any old signage has been removed.<br>3) new signage for identified areas has been ordered and will be in place before the end of Nov. |
| **Area for improvement 4**<br><br>**Ref**: Standard 47<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered persons shall ensure that the identified bath hoist is maintained beyond use until it is repaired or replaced.<br><br>Ref: Section 6.4<br><br>**Response by registered provider detailing the actions taken:**<br>the identified hoist has been placed out of service and an order for replacement has been placed. |

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| **Area for improvement 5**<br><br>**Ref**: Standard 12<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | 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.<br><br>Ref: Section 6.5 |
| | **Response by registered person detailing the actions taken:**<br>All residents are weighed on a regular basis (frequency depending on malnutrition risk).<br>Nurses are to ensure recording of and variations in monitoring, including if the resident has declined.<br>This has been communitated to all nurses. |
| **Area for improvement 6**<br><br>**Ref**: Standard 12<br><br>**Stated:** First Third time<br><br>**To be completed by:**<br>With immediate effect | 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.<br><br>Ref: Section 6.6 |
| | **Response by registered person detailing the actions taken:**<br>Nurses to monitor all reasident wellbeing during meal times, and to ensure any residents requiring rest during this time are escorted to a more comfortable area, and that meals are provided at a later time. |
| **Area for improvement 7**<br><br>**Ref**: Standard 6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | 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.<br><br>Ref: Section 6.6 |
| | **Response by registered person detailing the actions taken:**<br>It is not common practice in the home to have residents sitting in wheelchairs for longer than necessary.<br>Transport wheelchairs are to be used only to transport residents from one area to another, and they should be assisted to appropriate seating as soon as reasonably possible.<br>This issue has be discussed again with the relevant staff, who were in agreement that it was not common practice for residents to sit for long periods in wheelchairs. |

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| **Area for improvement 8**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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.<br><br>Ref: Section 6.7 |
| | **Response by registered person detailing the actions taken:**<br>All staff are issued with an induction pack on the first day of employment. this pack is carrried with the person until all areas have been signed off to the satisfaction of the employee and the Home Manager. Employees are encouraged to return all documents to the main office to be kept in their CPD files. |
| **Area for improvement 9**<br><br>**Ref**: Standard 40<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered persons shall ensure that records of staff supervision and appraisal are maintained and available for inspection.<br><br>Ref: Section 6.7 |
| | **Response by registered person detailing the actions taken:**<br>All employees have had an appraisal for 2017 completed.<br>A supervision tracker is now in place. |

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

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