



Unannounced Care Inspection Report 14 and 15 May 2019



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

Inspectors: James Lavery and Catherine Glover

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.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 98 persons. The home is divided into four suites; two of these suites (Anderson and Donegal) are for patients living with dementia while the remaining two suites (Beechmount and Clonard) are for frail elderly patients who have a range of nursing care needs excluding dementia. This home is also approved to

provide care on a day basis to 4 patients in the general nursing unit and 1 person in the dementia unit.

3.0 Service details

<p>Organisation/Registered Provider: Macklin Care Homes Ltd</p> <p>Responsible Individual: Mr Brian Macklin</p>	<p>Registered Manager and date registered: Heather Joan Maxwell 15 May 2018</p>
<p>Person in charge at the time of inspection: Heather Joan Maxwell</p>	<p>Number of registered places: 98 A maximum of 54 patients in categories NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the general nursing unit and a maximum of 44 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.</p>
<p>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.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 92 during both days of the inspection</p>

4.0 Inspection summary

An unannounced inspection took place on 14 May 2019 from 09.25 hours to 17.35 hours, and 15 May 2019 from 10.55 hours to 17.05 hours.

This inspection was undertaken by the care and pharmacist inspectors and the findings are contained in this report.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous premises and finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to monitoring the professional registration of staff, reporting notifiable incidents, collaborating with the multiprofessional team, the management of nutritional care of patients, staff communication with patients and complaints management.

Areas requiring improvement under regulation were highlighted in regard to the internal environment, Control of Substances Hazardous to Health (COSHH) practices, infection, prevention and control (IPC) compliance, wound care, the supervision of patients and records relating to personal property.

Areas for improvement under the standards were also identified in relation to patient/relative engagement, the dining experience of patients, the use of communal lounges, the transfer of patients from wheelchairs, and medicine refrigerator temperatures.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them, attending professionals and staff during the inspection, are included in the main body of this report.

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	5

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

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

A meeting was held in the RQIA offices on 5 June 2019 to discuss the outcomes of the inspection in detail. This meeting was attended by the manager and regional manager. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection in relation to staff deployment throughout the home, the supervision of patients and the internal environment.

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

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept
- Review the storage arrangements of medicines to ensure that medicines are safe and secure

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home. No patient/relative or staff questionnaires were returned with the timescale for inclusion in this report. Questionnaire comments received after this deadline will be shared with the manager, as appropriate.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- accident and incident records
- four patients' care records including supplementary wound and nutritional records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- two patients' personal property records
- actual monies held on behalf of patients and records of monies held and associated finance records
- receipt and disposal of medicines records
- personal medication records and medicine administration records
- controlled drugs records
- Records in relation to the management of distressed reactions, antibiotics, warfarin and the admission process with regards to medicines.

Areas for improvement identified at the last care, medicines management, premises and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

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

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement six were met, four partially met or not met and have been included in the QIP at the back of this report.

An area of improvement identified at the previous premises inspection has been reviewed. This area for improvement was met.

Areas of improvement identified at the previous finance inspection have been reviewed. Of the total number of areas for improvement two were met, and one was not met and has been included in the QIP at the back of this report.

Areas of improvement identified at the previous medicines management inspection have been reviewed. Of the total number of areas for improvement seven were met.

6.2 Inspection findings

6.3 Is care safe?

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

Upon arrival to the home, a number of patients were observed sitting within the dining areas located in both the Anderson and Clonard suites. It was noted that the level of patient supervision and support provided by staff in these areas was less than adequate. This is discussed further in section 6.5. It was also observed that staff supervision in communal lounges was inconsistent. Feedback from a number of relatives and staff during the inspection also highlighted concerns in relation to inconsistent staff presence in some parts of the home.

Staffing levels and staff deployment within the home were therefore reviewed with the manager and regional manager during and following the inspection. As a result, RQIA requested that an analysis of staffing levels and deployment throughout the home be undertaken by the manager following the inspection; these findings were subsequently reviewed following the inspection during a meeting in the RQIA offices. During this meeting, the manager and regional manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. It was also noted that an additional nursing station had subsequently been located at the junction between the Beechmount and Clonard suites. In addition, staffing was also discussed by the manager during a relatives meeting which was held on 16 May 2019; the deployment of staff during the provision of breakfast had also been reviewed and amended to improve patient experience. The need to ensure that staffing levels and deployment are such

that patients are effectively supervised throughout the home was stressed. An area for improvement was made.

Feedback from staff evidenced that they received regular support and guidance through the process of both supervision and appraisal. Staff members stated that they could speak to the manager or their line manager if they had a concern. However, several staff expressed concern in relation to ensuring that the care needs of patients is met in a timely manner. Two staff members stated "The atmosphere is more pressured." Several staff expressed the view that the new layout of various suites could be improved. This feedback was shared with the manager who conducted a staff meeting on 21 May 2019 in order to consider ways in which staff deployment and routines could be improved.

Staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Staff stated that they received training in both an online and face to face format. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. The regional manager also advised that new online training ('Obbi') for staff had also been implemented.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The manager advised that the ASC position report would be compiled within expected timescales. Feedback from staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

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

Since the previous care inspection the internal environment of the home has undergone extension and refurbishment resulting in the addition of several new communal areas, an increase in the number of patient bedrooms and the addition of a new suite for patients living with dementia (Anderson suite). An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. The home appeared to be generally tidy although some communal bathrooms were noted to be untidy; this was brought to the attention of the manager who agreed to ensure the areas were immediately tidied. The need to ensure that these areas are well maintained was stressed.

Review of the environment confirmed that infection, prevention and control best practice standards were generally adhered to. However, one staff member was observed not wearing Personal Protective Equipment (PPE) or washing their hands while discarding clinical waste. An area for improvement was highlighted.

While all fire exits and corridors were observed to be clear of clutter and obstruction, it was also noted that one automatic closing device on a fire door was missing. This was brought to the immediate attention of the manager who ensured that corrective action was taken and that required equipment was ordered immediately.

Review of the environment highlighted two areas in which COSHH regulations were not adhered to. This was brought to the immediate attention of the manager who ensured that corrective action was taken. The need to consistently adhere to COSHH regulations was stressed. An area for improvement was made.

It was also noted that a treatment room within one suite was not effectively secured by the nurse on duty. This was discussed with the manager who agreed to provide formal supervision with the identified nurse. The need to ensure that such areas throughout the home are maintained in a secure manner for the safety of patients at all times was highlighted.

Improvement in the management of medicines was noted. The manager advised that she completes a daily walk-around of the home and discusses any medicine related issues with the staff on duty. A review of the controlled drugs record books and reconciliation checks is completed randomly by the manager to ensure that the process is robust.

Personal medication records and medicine administration records had been fully and accurately completed. Additional records were in place to monitor the application of transdermal patches and the administration of medicines which were prescribed on a "when required" basis.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay.

Medicines management within the home was also reviewed. Several patients' records were examined in Donegal, Clonard and Beechmount suites. There was good correlation between these records and they had been fully and accurately completed.

A review of the records completed by care assistants of the administration of topical medicines found that they had been completed to a satisfactory standard. All medicines were available for administration on the day of the inspection. The manager advised that she checks if any medicines are out of stock on a daily basis with the nurse in charge of each unit.

The procedure for completing the checks has been reviewed and was being monitored daily by the manager. The management of warfarin has been reviewed and the process that should be followed should blood test results be delayed has been clarified with the general practitioners and communicated to staff. The management of warfarin for two patients was reviewed by the inspector and found to be satisfactory.

The management of distressed reactions has been reviewed. In the Donegal unit the registered nurses complete a separate administration record to document the reason for administration of the medicine and the outcome. In the other units, the reason for administration and outcome is usually recorded in the patients’ daily progress notes.

The audit and governance arrangements have been reviewed. A wide sample of medicine audits were provided for inspection. There was evidence that the audits had been completed thoroughly and action plans to address any issues were recorded. The action plan was reviewed by senior management and signed off when completed.

In addition, the manager completed a daily walk-around which included discussions of any medicines issues with the nurse on duty. The manager also completed an enhanced audit of medicines once per month.

The close monitoring and governance arrangements provides assurance that medicines are managed safely within the home and that issues are readily identified and addressed. The progress made in this area must be sustained.

As a consequence of the previous estates inspection, the registered person was required to make a number of environmental improvements as part of a variation application. It was confirmed by the RQIA estates team following the previous estates inspection that all of the areas identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, medicine records and reporting notifiable incidents.

Areas for improvement

Three areas for improvement were identified in regard to the supervision of patients, IPC practices and COSHH compliance.

	Regulations	Standards
Total numb of areas for improvement	3	0

6.4 Is care effective?

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

Patients considered that they felt that the care delivery within the home was effective. Patients shared the following remarks with the inspectors:

- “The girls (staff) are lovely.”
- “The staff are very helpful ... no problems.”
- “The staff treat me well.”

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 found. Feedback from one visiting professional indicated no concerns in regard to patient care.

The provision of wound care was considered and the care records for three patients requiring ongoing wound care were reviewed. The home currently uses a combination of both electronic and hard copy records for the delivery of wound care to patients. It was noted that wound care planning was either inaccurate, inconsistent or out of date. Review of supplementary wound care records also demonstrated that two patients' wounds had not been dressed in keeping with their prescribed care. In addition, feedback from staff highlighted an inconsistent understanding of how the provision of wound care should be recorded. The audit process in place for quality assuring wound care delivery was also noted to be ineffective. Following the inspection, and at the request of the inspector, an audit of all patients requiring wound care was completed by the manager in order to ensure that these deficits were addressed. Additional wound care training for staff was also carried out on 31 May 2019. An area for improvement was stated for a third and final time.

The management of nutritional care to patients requiring a modified diet was also reviewed. It was positive to note that comprehensive and person centred oral/nutritional assessments were in place. It was also found that a detailed and accurate care plan had been kept under regular review by nursing staff in which the nutritional needs of the patient were clearly stated. Supplementary food and fluid intake records evidenced that staff had consistently monitored the patient's nutritional intake. Following the inspection, RQIA were advised by the manager that all staff had or would be attending training in relation to new regional guidance relating to the use of modified diets and the management of patients living with dysphagia.

With regards to medicines management, it was noted during the inspection that the maximum refrigerator temperature in the Beechmount suite was substantially higher than the required range of between 2°C and 8°C. The temperature had not been recorded since 30 April 2019. Insulin was being stored in this refrigerator. It is important that medicines that are stored in the refrigerator are stored at the correct temperature in order to assure their viability. This had also been brought to the attention of the manager during the previous medicines management inspection. An area for improvement has been stated.

A number of patients in the Beechmount unit required regular blood glucose monitoring. The blood glucose monitors should be regularly checked with control solutions to ensure that they are in good working order and providing accurate results. Staff were reminded that these checks should be recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaborating with the multiprofessional team and the management of nutritional care to patients.

Areas for improvement

One area for improvement under regulation was stated for a third and final time in regard to wound care. A further area for improvement under the standards was also highlighted in regard to medicine refrigerator temperatures.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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. Many patients were positive in their comments regarding the staff's ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

As referenced in section 6.3, the dining experience of patients was reviewed. It was noted that the dining areas being used by patients in three areas during the serving of either breakfast or lunch were poorly arranged resulting in a cramped dining experience for patients. It was also found that the provision of easy read menus and appropriate table cloths/settings was inconsistent across dining areas. Also, limited staff presence within the Clonard suite dining area resulted in inadequate support being given to several patients who required help with enjoying their breakfast. The need to ensure that all dining areas are effectively managed and supervised by staff so as to promote the dining experience of patients was stressed. Following the inspection, RQIA was advised by the manager that the deployment of staff within the Clonard suite had been reviewed and amended resulting in greater staff presence throughout the serving of breakfast. An area for improvement was made.

While staff were observed engaging with patients in a friendly, warm and spontaneous manner, it was noted that not all patients were assisted from their wheelchairs into lounge chairs in a timely manner. An area for improvement was made.

It was also observed that some communal lounges were favoured by staff who were escorting patients from the dining area while other newer communal lounges were underused. This was discussed with both staff and the manager who agreed that new lounge areas should be utilised more often and that patients should be encouraged and assisted with using newly created and refurbished parts of the home if they prefer. The need to ensure that communal areas are used in a compassionate manner which promotes the social stimulation and emotional needs of patients was stressed. An area for improvement was identified.

Feedback from 18 patients' relatives during the inspection in relation to care delivery included the following remarks:

- "No concerns about personal care."
- "The care is very good."
- "The girls (staff) are very good and considerate ... the girls are run off their feet ... Heather (registered manager) does walk round and you do see her frequently."
- "The staff have been terrific from day one."
- "Happy, generally with the care."

However, feedback from several patients' relatives also highlighted concerns in relation to staff supervision of patients in parts of the home and the way in which the four suites had been internally configured. One relative commented "The layout of this unit is not working ... (the patient) is a way around on (their) own." This feedback was shared with the manager who agreed to liaise with the patient's next of kin to address their concerns.

Feedback from two staff also highlighted that the internal layout of the four suites resulted in some patients potentially having to walk further distances in order to reach communal areas. As a result, RQIA requested that the manager conduct an analysis of all ambulatory patients throughout the home in order to determine if the location of their bedroom best suited their assessed care/social needs. These findings were reviewed following the inspection and provided assurances that the location of patients' bedrooms and patients' effective access to communal areas was being effectively monitored.

The manager stated that the use of a 'Named Nurse' system within the home to facilitate the regular review of patients' care needs had been replaced with the introduction of a 'Resident of the Day' approach. The inspector was informed that this involved one patient within each unit being comprehensively and holistically assessed by all departments throughout the home. For example, catering staff would consider the nutritional needs/wishes of the patient while nursing staff would review any ongoing care needs. However, feedback from the manager and relatives spoken to during the inspection highlighted that this approach did not include discussion with patients' relatives and had not been communicated to patient's relatives in general. The need to involve patient's next of kin/representatives in such reviews was stressed. An area for improvement was made.

Review of the environment within the Anderson and Donegal suites highlighted that they required further improvement in order to best meet the needs of patients living with dementia. It was agreed with the manager that she would further consult with patients, families and the Belfast Health and Social Care Trust Dementia outreach nurse as part of any required refurbishment plan. An area for improvement 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

One area for improvement under regulation was identified in relation to the internal environment. Four areas for improvement under the standards were highlighted in regard to patient/relative engagement, the dining experience of patients, the use of communal lounges and the timely transfer of patients.

	Regulations	Standards
Total number of areas for improvement	1	4

6.6 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 manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

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. Records confirmed that all complaints were reviewed on a monthly basis by the registered manager.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. While records indicated that wound care was audited on a monthly basis, review of these records highlighted that the audit only focused on hard copy wound care records and did not include electronic records. This shortfall is referenced further in section 6.4.

The audit and governance arrangements in relation to medicines management have been reviewed. A wide sample of medicine audits were provided for inspection. There was evidence that the audits had been completed thoroughly and action plans to address any issues were recorded. The action plan was reviewed by senior management and signed off when completed. The close monitoring and governance arrangements provides assurance that medicines are managed safely within the home and that issues are readily identified and addressed. The progress made in this area must be sustained.

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

With regards to the financial management of patients, the care records for two patients were reviewed, including any record of personal possessions. While one file evidenced that the patient's personal possessions had been documented, one did not. The Care Standards for Nursing Homes state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis. An area for improvement was stated for a second time.

The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home. Discussion with the manager and review of available governance records confirmed that this area for improvement was met.

Discussion with the manager and review of the environment confirmed that monies and valuables for some patients are kept in a safe place. Records confirmed that a reconciliation of these items occurred at least quarterly and had been signed/counter signed as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and the audit arrangements with regards to medicines management.

Areas for improvement

One area for improvement was stated for a second time in regard to records of patients' personal possessions.

	Regulations	Standards
Total number of areas for improvement	0	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 Heather Joan Maxwell, manager, and Christine Thompson, regional manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: Third and final time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> • That care plan(s) are in place which prescribe the required dressing regimen and/or refer to such directions as are evidenced within any relevant multi-professional recommendations which should be available within the patient's care record. • That nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. • That a robust governance process is implemented to ensure that wound care within the home effectively delivered to patients in accordance with their assessed needs, care standards and current best practice. <p>Ref: 4.0 & 6.4</p>
	<p>Response by registered person detailing the actions taken: Care Plans are in place which prescribe the dressing regimen, all wound care interventions are recorded and consistent and this is audited on a daily basis at this time.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: Second time</p> <p>To be completed by: 12 June 2019</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p> <p>Ref: 4.0 & 6.6</p>
	<p>Response by registered person detailing the actions taken: New property folders are in place in each unit and these are monitored for compliance.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: As can be seen within this report this was actioned immediately. The home is monitored daily to ensure visiting painters do not store paint in inappropriate areas.</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: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: As can be seen within this report this was actioned immediately. The home is monitored daily to ensure visiting painters do not store paint in inappropriate areas.</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: With immediate effect</p>	<p>The registered person shall ensure that patients are supervised and assisted within communal lounges and dining areas in a manner which ensures that they receive safe, effective and compassionate care as required.</p> <p>Ref: 4.0 & 6.3</p> <p>Response by registered person detailing the actions taken: A review of staff deployment was undertaken with staff. Some communal areas have been reconfigured and we are satisfied that at present residents receive safe, effective and compassionate care. We will keep staff deployment under review as needs change within the resident group.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 4.0 & 6.5</p> <p>Response by registered person detailing the actions taken: A refurbishment action plan is on going and in progress.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2019</p>	<p>The registered person shall ensure that the medicine refrigerator temperatures are monitored daily and maintained within the required range of 2°C and 8°C.</p> <p>Ref: 4.0 & 6.4</p> <p>Response by registered person detailing the actions taken: Daily checks are carried out and continuously monitored. Written records show that temperatures have been maintained within the required range. There are some omissions in recording and this has been addressed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that dining provision for patients is managed in such a manner so as to promote a compassionate and person centred dining experience for patients at all times.</p> <p>Ref: 4.0 & 6.5</p> <p>Response by registered person detailing the actions taken: The dining room allocation has been reviewed within the unit this report refers to. The overall dining experience has been improved and will remain under review.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are assisted from their wheelchairs in a timely and compassionate manner in accordance with their assessed care needs and wishes.</p> <p>Ref: 4.0 & 6.5</p> <p>Response by registered person detailing the actions taken: All staff have been spoken to regarding routines and assisting residents from wheel chairs in a timely manner</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2019</p>	<p>The registered person shall ensure that the current 'Resident of the Day' system is reviewed and implemented in a manner that ensures effective communication with patients/relatives and promotes individualised care and support.</p> <p>Ref: 4.0 & 6.5</p> <p>Response by registered person detailing the actions taken: Each resident of the Days next of kin is spoken with on the day. Activities co-ordinators are involved and we are satisfied that this is working well and assisting in our holistic approach.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 6.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that communal spaces throughout the home, specifically lounge areas, are utilised in a compassionate and patient centred manner at all times.</p> <p>Ref: 4.0 & 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff are utilising all available day room within the home in a compassionate and caring manner.</p>

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



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