

# Unannounced Care Inspection Report 19 April 2018



## Lecale Lodge

**Type of Service: Nursing Home (NH)**  
**Address: 26 Strangford Road, Downpatrick, BT30 6SL**  
**Tel No: 028 4461 6487**  
**Inspector: James Lavery**

[www.rqia.org.uk](http://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 41 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Diana Aston
<b>Person in charge at the time of inspection:</b> Ms Diana Aston	<b>Date manager registered:</b> 5 January 2018
<b>Categories of care:</b> NH-MP, NH-MP(E), NH-TI, NH-PH(E), NH-PH, NH-I	<b>Number of registered places:</b> 41  A maximum of 25 patients in category NH-MP/MP(E)

### 4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 09.20 hours to 18.00 hours.

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 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 promoting a culture of teamwork within the home which focused on patient outcomes, communication with the multiprofessional team and governance processes which focused on quality assurance and service delivery.

Areas for improvement under regulation were identified in relation to the secure storage of medicines and the delivery of care, specifically enteral feeding.

Areas for improvement under the standards were identified in relation to internal environment, staff awareness regarding adult safeguarding 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
<b>Total number of areas for improvement</b>	*2	3

\*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Diana Aston, 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 30 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 2018. There were no further actions required to be taken following the most recent inspection. 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with seven patients and eight staff. No patients' relatives/representatives were available on the day of the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives.

During the inspection the inspector met with eight patients, six patients' relatives/representatives and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. 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 also displayed.

The following records were examined during the inspection:

- 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 2017/18
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- three patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- a selection of governance risk assessments
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- RQIA registration certificate
- certificate of public liability
- 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 30 January 2018**

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

## 6.2 Review of areas for improvement from the last care inspection dated 21 August 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that there was one area in which chemicals were not stored in keeping with COSHH regulations. However, this was highlighted to the registered manager who immediately secured the chemical accordingly. The registered manager provided further assurances that management of the identified area would be appropriately reviewed. Observation of the environment throughout the remainder of the inspection confirmed that all other chemicals were stored in keeping with COSHH regulations.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that adequate precautions against the risk of fire are taken, including the appropriate storage of unclaimed patient clothing, in adherence with current fire safety risk assessments and best practice guidance.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that adequate precautions against the risk of fire were taken, including the appropriate storage of unclaimed patient clothing, in adherence with current fire safety risk assessment and best practice guidance.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time <b>To be completed by:</b> 18 September 2017	The registered person should ensure menus are available in all dining areas and are appropriately displayed and easily read.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with patients confirmed that menus were available in all dining areas and appropriately displayed allowing them to be easily read.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all patients have effective assess to a functioning nurse call system at all times unless otherwise indicated by relevant assessment.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with patients evidenced that all patients had effective assess to the nurse call system at all times unless otherwise indicated by relevant assessment.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time <b>To be completed by:</b> 18 September 2017	The registered person shall ensure that all areas relating to infection prevention and control (IPC) identified in this inspection have been addressed.  <b>Ref: Section 6.4</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices confirmed that the infection, prevention and control deficits highlighted in the previous care inspection had been satisfactorily addressed. Newly identified IPC weaknesses highlighted in this inspection are discussed further in section 6.4.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.</p> <p><b>Ref: Section 6.5</b></p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for one patient requiring enteral feeding evidenced that they did not accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team. Records relating to this patient's oral care also highlighted further deficits. This is discussed further in section 6.5.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 September 2017</p>	<p>The registered provider must ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so, specifically those patients assessed as being at a high risk of falls.</p> <p><b>Ref: Section 6.5</b></p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for one patient who was assessed as being at a high risk of falling, in addition to related governance records, confirmed that the patient's assessed needs had been kept under review in a timely manner and revised at any time when it was necessary to do so.</p>		



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff are not employed within the home until all the relevant legislative and best practice standards have been met.</p> <p><b>Ref: Section 6.7</b></p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of selection and recruitment records in addition to discussion with the registered manager evidenced that staff were not employed within the home until all the relevant legislative and best practice standards had been met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 September 2017</p>	<p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically, minutes of all meetings should be accurately maintained and include attendee signatures.</p> <p><b>Ref: Section 6.7</b></p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of governance records, specifically staff meetings, confirmed that minutes were accurately maintained and that attendee signatures had been obtained.</p>		

### 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 a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 2 to 13 April 2018 there were four occasions when planned staffing levels were not fully adhered to due to staff sickness. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager also 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.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face 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.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager stated that the ASC position report would be compiled within expected timescales. While discussion with the registered manager evidenced that mandatory adult safeguarding training for staff was ongoing, some staff who were spoken with demonstrated limited knowledge of their specific roles and responsibilities in relation to adult safeguarding, specifically their obligation to report concerns. This was highlighted to the registered manager and an area for improvement under the standards was made.

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. The registered manager was reminded of current RQIA guidance in regards to statutory notifications to ensure that no unnecessary notifications are submitted.

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. 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. Two communal lounges were found to be excessively cluttered and therefore not suited to the assessed needs of patients. This was highlighted to the registered manager and an area for improvement under the standards was made.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training in relation to fire safety was embedded into practice. The magnetic emergency closing device on one patient's bedroom was found to be in disrepair and this was highlighted to the registered manager. Following the inspection, the registered manager confirmed that the device had been satisfactorily repaired.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons. Comprehensive and person centred care plans were also in place for the management of restrictive practices.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: the use of unlaminated signage and torn fabric on one chair within a communal lounge. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. This was discussed with the registered manager and it was agreed that all identified signage would be appropriately replaced and that use of the identified chair would be addressed immediately. This will be reviewed during a future care inspection.

Observation of the environment confirmed that there was one area in which chemicals were not stored in keeping with COSHH regulations. However, this was highlighted to the registered manager who immediately secured the chemical accordingly. The registered manager provided further assurances that oversight of the identified area would be appropriately reviewed. Observation of the environment throughout the remainder of the inspection confirmed that all other chemicals were stored in keeping with COSHH regulations.

Review of the environment further identified two areas in which patients' medicines had not been stored securely. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

During the inspection it was further observed that one vacant bedroom in which maintenance work was ongoing was not appropriately secured. This placed patients at a potential risk of harm and was brought to the attention of the registered manager. The registered manager agreed that all areas in which maintenance work is ongoing should be appropriately monitored and/or secured. This was actioned by the registered manager before completion of the inspection.

It was also found that several items of medical equipment within one patient bedroom was insecurely stored. This was discussed with the registered manager who ensured that the equipment was stored securely to ensure that it did not pose any potential risk to patients/visitors.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to statutory notifications and the management of falls.

### **Areas for improvement**

An area for improvement under regulation was highlighted in regards to the secure storage of medicines.

Two areas for improvement under the standards were made in regards to the internal environment and adult safeguarding.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/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' conditions and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with kitchen staff did evidence that speech and language therapy records for one patient was out of date. However, discussion with kitchen staff and review of further kitchen records did confirm that the correct diet was being provided to the patient. The need to ensure that patients' nutritional needs are accurately communicated to and maintained by kitchen staff was stressed.

While nursing staff confirmed that no patients within the home required to be barrier nursed due to an infectious condition, discussion with nursing and care staff did highlight an inconsistent understanding of whether any patients currently required barrier nursing and what interventions that would require. This was discussed with the registered manager and the need to ensure effective communication between staff, specifically in regards to barrier nursing was emphasised. It was also highlighted that care staff should be sufficiently skilled in regards to the barrier nursing of patients, as appropriate.

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 found.

While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records, it was observed that patient's supplementary records were left unattended in a communal dining area and adjacent corridor. This was discussed with the registered manager and it was agreed that all patients' records should be stored securely at all times. The identified records were appropriately stored before conclusion of the inspection.

The care record for one patient who was assessed as being at a risk of falling was reviewed. The care plan was found to be both comprehensive and person centred. In addition, the care plan and risk assessment had also been reviewed by nursing staff on a regular basis.

Weaknesses were identified in relation to provision of enteral care to patients. Review of the care record for one such patient evidenced that while relevant care plans were in place, they did not accurately reflect multiprofessional advice also contained within the care record. It was further noted that although supplementary records were being used to record the provision of enteral care to the patient, they did not accurately reflect the patient’s prescribed enteral feeding regime. Supplementary care records were therefore not being maintained in accordance with best practice guidance, care standards and legislative requirements. In addition, oral care records for this patient were also reviewed. It was found that no specific care plan for the provision of oral care was in place. Furthermore, discussion with nursing and care staff highlighted an inconsistent understanding as to what the patient’s oral care needs were and how such care interventions should be documented for any patients requiring such care. While observation of the patient and discussion with nursing staff provided assurances that the patient’s oral health was satisfactory and being attended to, nursing records did not evidence the provision of regular and effective mouth care. These deficits were highlighted to the registered manager and an area for improvement under regulation was stated for a second time.

**Areas of good practice**

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

**Areas for improvement**

An area for improvement under regulation was stated for a second time in relation to the provision of enteral care to patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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, caring and timely. All patients were 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 and person-centred manner. Verbal/non-verbal interactions between staff and patients throughout the inspection was noted to be compassionate, dignified and person centred. Such care delivery is commended.

Feedback received from several patients during the inspection included the following comments:

- “The staff treat me well.”
- “The girls are lovely.”
- “I love it here, I never need to complain.”
- “It’s great.”

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

- “It’s good working here.”
- “We’re a very good team ...we’re good at working together ... Diane’s brilliant.”
- “It’s great here with Diane.”

In addition to speaking with patients, patients’ relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one patient questionnaire was returned within the specified timescales. The respondent expressed a high level of satisfaction with the delivery of care.

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

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.

There were systems in place to obtain the views of patients and their representatives with respect to the delivery of care and how well the home was managed.

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 the lunch time meal within the Nendrum unit 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. Discussion with kitchen staff evidenced good awareness of the holistic and nutritional needs of patients. However, some weaknesses were observed in regards to the dining experience of patients. For instance, care staff were observed preparing lunch trays for patients dining in their bedrooms, using a table at which another patient was already eating. Throughout lunch, a radio within the dining room was also heard playing in a manner which was not conducive to ensuring a relaxing environment for patients. It was further noted that care staff served patients their dessert course alongside their main course. These deficits 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 the ethos of the home which promoted person centred care.

## Areas for improvement

An area for improvement under the standards was made in regards to the dining experience of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. 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 registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

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.

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. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including 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.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that any equality data collected was managed in line with best practice guidelines.

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. Minutes which were reviewed confirmed that the most recent staff meeting occurred on 24 November 2017.

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, monthly audits were completed in accordance with best practice guidance in relation to falls, wounds, care records, IPC and restrictive practices.

Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery.

Discussion with the registered manager and a review of records evidenced that an up to date fire risk assessment was in place.

The registered manager 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 registered manager further confirmed 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.

Discussion with the registered manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, 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 governance processes focusing on quality assurance and the delivery of care.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Ms Diana Aston, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring enteral feeding via a PEG tube. These records should also reflect the prescribed delivery of oral care.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A review of patients with enteral care requirements has now taken place. Trained staff have been reminded that enteral care plans must be written to reflect the multidisciplinary team advice that is contained within the care record. Nurses have been reminded that supplementary enteral care given must be clearly evident within the electronic daily care reports, careplans/assessments and must be reflective of the patient's current prescribed feeding regime. It has also been strongly re-iterated to all trained staff that it is their responsibility to ensure that they understand the importance of recording all oral care given to patients within the electronic daily care, to evidence the oral care that they are evidently administering to the patients.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Full discussion has taken place with all staff around the importance of ensuring that all medicines are stored safely and securely within the home. Staff have been reminded that oral care mouthwash especially for patients that are nil orally also constitutes safe storage under this regulation</p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the internal environment is arranged and maintained as to be best suited to the needs of patients, specifically, communal lounges.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Full assessment of the current storage solutions and how they impact patients and their internal environment ie Communal lounges has been carried out .New storage solutions are a focus for the forthcoming internal renovations and estates planning within the home.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that appropriate governance arrangements are in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All mandatory safe guarding training will continue within the home in accordance with Standard 39.Staff clinical supervisions have been completed to help staff have an increased awareness of their role and responsibilities and to ensure adult safe guarding best practice is embedded into their daily practice.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time <b>To be completed by:</b> 17 May 2018	<p>The registered person shall ensure that staff practices/routines and the dining environment promote a person centred and relaxing dining experience for patients.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The dining experience has been reviewed in order that the patients have a more relaxing and person centred dining experience, taking into consideration each patient's want's and wishes.Also the dining room will be renovated as part of the home's redecoration and refurbishment plans for 2018..</p>

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



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