

Unannounced Care Inspection Report 16 and 17 October 2017



Redburn Clinic

Type of Service: Nursing Home

Address: 89 Belfast Road, Ballynahinch, BT24 8EB

Tel no: 028 9756 3554

Inspector: James Lavery

Lay assessor: John McGillan

www.rgia.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 27 persons.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Mr Michael Bagood
Person in charge at the time of inspection: Mr Michael Bagood	Date manager registered: 11 March 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 27 comprising: NH-I, NH-PH, NH-PH(E), NH-TI

4.0 Inspection summary

An unannounced inspection took place on 16 October 2017 from 09.30 to 14.00 hours and 17 October 2017 from 11.10 to 18.45 hours. Mr John McGillan, lay assessor accompanied the inspector on the first day of the inspection.

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.

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.

Significant concerns were identified with the delivery of care and record keeping in relation to wound care and falls management and with staffing arrangements. These deficits had the potential to impact negatively on patients.

As a consequence, a meeting was held on 24 October 2017 in RQIA with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 15 (2) (a) and (b), assessment of patients' needs and Regulation 20 (1), regarding staffing.

The meeting was attended by Mr Christopher Philip Arnold, Responsible Individual, and Mrs Heather Murray, Regional Manager. At the meeting RQIA were informed that Michael Bagood had resigned as registered manager.

During the intention meeting, an action plan to address the identified concerns was submitted by Mrs Heather Murray. The action plan submitted, evidenced that sufficient progress had been made to address the staffing issues identified. However, RQIA were not fully assured that the actions to address the breaches in Regulation 15 (2) (a) and (b) had been sufficiently implemented and/or embedded into practice to enable all necessary improvements to be made. Given the potential to negatively impact on patient care, it was decided that a failure to comply notice under Regulation 15 (2) (a) and (b), would be issued, with the date of compliance to be achieved by 20 December 2017.

There was evidence of good practice observed in relation to promoting a culture of teamwork within the home; adult safeguarding and the dining experience of patients.

Areas for improvement under regulation were identified in relation to compliance with Control of Substances Hazardous to health (COSHH); governance arrangements relating to quality assurance and fire safety practices.

Areas for improvement under the standards were identified in relation to infection prevention and control (IPC) practices; the interior environment of the home; care records; monthly monitoring and governance processes for the selection and recruitment of staff.

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	*3	*5

*The total number of areas for improvement includes one area under regulation and one under the standards which are being stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Michael Bagood, Registered Manager, and Heather Murray, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A failure to comply notice under Regulation 15 (2) (a) and (b) was issued with the date of compliance to be achieved by 20 December 2017.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 25 October 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 25 October 2016. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

A lay assessor, Mr John McGillan, was present during the inspection and feedback obtained from the lay inspector is included within this report.

During the inspection the inspector met with six patients and four staff. In addition, the lay assessor also met with patients both individually and in small groups along with one patient's relative.

Questionnaires were left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff, nine for relatives and seven 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 15 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 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, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 October 2016

The most recent inspection of the home was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 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 Ref: Regulation 15 (2) Stated: Third time and final time	<p>The registered provider must ensure that care records are updated as changes to condition occur.</p> <p>The registered provider must also ensure made that identified care records are updated and that care all care records are maintained up to date in keeping with patients' needs.</p> <p>Failure to fully comply with this requirement will lead to enforcement action.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of care records evidenced that care records had not been updated and maintained in keeping with patients' needs.</p> <p>This area for improvement has not been met and a failure to comply notice was issued. Please refer to section 6.5 for further information.</p>	
Area for improvement 2 Ref: Regulation 14 (2) Stated: Second time	<p>The registered provider must ensure that the use of the identified bathroom is clarified. Until this is achieved the bathroom should be maintained in keeping with best practice. If a change of use of the room is required then a minor variation application should be sought and submitted to the RQIA registration team.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A minor variation application in respect of the identified bathroom has been submitted for review by RQIA. Observation of the environment confirmed that the bathroom was not being used by patients or staff.</p>	

Area for improvement 3 Ref: Regulation 27 (2) (d) Stated: Second time	<p>The registered provider must ensure that the carpet to the stairs and landing is replaced.</p> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that the identified carpet has been replaced.</p>	Met
Area for improvement 4 Ref: Regulation 12 (1) (b) Stated: First time	<p>The registered provider must ensure that pressure ulcer/wound care is conducted in keeping with the National Institute for Clinical Excellence (NICE) guidelines.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of care records evidenced that pressure ulcer/wound care was not being conducted in keeping with the National Institute for Clinical Excellence (NICE) guidelines.</p> <p>This area for improvement has not been met and has been subsumed into a failure to comply notice in respect of regulation 15 (2) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005. Please refer to section 6.5 for further information.</p>	
Area for improvement 5 Ref: Regulation 17 (1) Stated: First time	<p>The registered provider must ensure that quality audits are conducted by a person not completing the care plan in order to ensure transparency.</p> <p>Quality audits should be a conducted in order to drive improvement in the overall management of care records.</p> <p>An action plan should be generated and presented to the person completing the plan of care to amend.</p> <p>A record should be maintained of the action taken alongside the date and verification by the auditor that the record is maintained in keeping with best practice. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and regional manager in conjunction with a review of governance records evidenced that audits were being completed by a person not completing the care plan in order to ensure transparency. However, weaknesses were identified in regards to the audit process and this is discussed further in section 6.7.</p> <p>This area for improvement has been partially met and is being stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered provider should ensure all information is accurately and fully recorded in the care records.</p> <p>The following issues should also be addressed;</p> <p>Bowel assessments should be fully completed.</p> <p>The results of specimens taken should be recorded as being received and the results recorded.</p> <p>Ensure each problem identified has a separate plan of care in place to guide staff on care delivery.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that the actions identified in this area for improvement were being met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made following this inspection.</p> <p>Progress in compliance with the requirements and recommendations should be monitored and recorded as part of the Regulation 29 monthly monitoring visits.</p>	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and regional manager along with a review of governance records did confirm that some arrangements were in place to support the registered manager. However, weaknesses were highlighted in relation to these governance arrangements. This is discussed further in sections 6.4 and 6.7.</p> <p>This area for improvement has been partially met and is being stated for a second time.</p>	
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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 15 October 2017 evidenced that the planned staffing levels were adhered to.

However, a review of the staffing rota for the same period also evidenced that the majority of the registered manager's hours were worked in the capacity of a registered nurse rather than as the registered manager. The registered manager confirmed that this was due to ongoing nurse vacancies which remain unfilled. Furthermore, a review of records also highlighted that the registered manager had insufficient hours in a management capacity in order to effectively maintain existing quality assurance monitoring / governance processes. This is discussed further in section 6.7. Given the lack of management hours of the registered manager and the resulting impact on the governance systems in the home, the registered persons were invited to a meeting at RQIA with the intention of issuing a failure to comply notice under regulation 20 (1) (a) of The Nursing Homes Regulations (Northern Ireland) 2005. At the meeting sufficient assurances were given to RQIA that these concerns had been addressed and the failure to comply notice was not issued. This will continue to be monitored through inspection.

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 was monitored and reviewed by the registered manager in order to ensure compliance.

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.

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. External fire exits and corridors were observed to be clear of clutter and obstruction. However, on both days of the inspection it was observed that two doorways providing access and egress to the laundry area were wedged open. This was brought to the immediate attention of the registered manager and it was stressed that all staff should take adequate precautions against the risk of fire and that best practice standards in relation to fire prevention are embedded into practice. An area for improvement under regulation was stated.

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. Soiled underwear was observed within one corridor and was brought to the immediate attention of the registered manager. Although action was taken to ensure that these items were discarded this was not done so in keeping with best practice standards in infection, prevention and control. Further deficits included: one personal protective equipment (PPE) dispenser which was stained; one commode cover was ripped and torn and unlaminated signage was observed in several areas. These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. An area for improvement under the standards was made.

Further deficits were observed in relation to patients having effective access to the nurse call system within the home. Two communal areas were found to lack the provision of nurse call leads for patients. An area for improvement under standards was stated.

During a review of the environment the inspector also identified four 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.

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 adult safeguarding.

Areas for improvement

Areas for improvement under regulation were identified in relation to fire safety practices and compliance with COSHH regulations.

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

	Regulations	Standards
Total number of areas for improvement	2	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 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 also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

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

However, discussion with the registered manager evidenced that staff meetings are scheduled on a bi-annual basis rather than a minimum of quarterly in keeping with the care standards for nursing homes (2015). The registered manager agreed to ensure that staff meetings are scheduled more frequently and this will be reviewed during future inspections.

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.

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 care records evidenced that wound care was not being delivered in accordance with best practice standards. Discussion with the registered manager and review of care records for one patient evidenced that a care plan was in place for one wound when the patient had three different wound sites. Furthermore, the care plan was inaccurate and did not reflect current multi-professional recommendations. Discussion with the registered manager evidenced that he did not have oversight of the patient's wound care needs. Supplementary care records were also found to be incomplete.

A review of care records for one patient who was assessed as being at risk of falls evidenced that no person centred care plan was in place to manage this risk. It was further evidenced that, although the patient's care records had been recently audited, this deficit was not identified or addressed.

These deficits were discussed with both the registered manager and regional manager and it was subsequently decided to address these failings through a failure to comply notice in respect of regulation 15 (2) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Care records for one patient who remained seated in their wheelchair throughout the day were also reviewed and did not reflect this expressed preference. The need to ensure that comprehensive and holistic care plans are in place which reflects patient choice with regards to seating was stressed and an area for improvement under the standards was made.

There were examples of good practice found throughout the inspection in relation to teamwork and the storage of records.

Areas for improvement

Areas for improvement under regulation were identified in relation to wound management and the management of falls and a failure to comply notice was issued.

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

	Regulations	Standards
Total number of areas for improvement	0	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've no complaints – I'm well looked after."

"I love it here."

"No other home would touch this place."

"It's great here."

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 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 patient and one relative questionnaire has been returned with both respondents stating that they were either very satisfied or satisfied with the delivery of care. Any questionnaire comments received after specified timescales were shared with the registered manager 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. Dining tables were prepared appropriately with a range of available condiments for patients to use. Aprons were worn by staff while clothes protectors were offered to patients as necessary. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Patients appeared content and relaxed in their environment and were respectfully encouraged and/or assisted by staff.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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. However, as previously stated, the majority of his hours were worked as a registered nurse and not as the registered manager. The registered manager's working patterns is referenced further in section 6.4.

The majority of staff spoke positively about the sense of leadership which exists within the home together with the approachability of the registered manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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.

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/incidents, bedrails, medicines management and safety alert bulletins. However, while these processes were in place, a review of records highlighted that some audits were not being conducted in a robust or effective manner. For instance, a review of audits in regards to accidents/incidents, care planning and complaints evidenced that these had not been completed for September 2017. Furthermore, the most recent care record audits were last conducted on 21 April 2017 and found to be either inconsistent, inaccurate, incomplete and not subject to monthly analysis. These deficits were highlighted to the registered manager and regional manager and an area for improvement under regulation was stated for a second time.

Furthermore, a review of records also highlighted that while a monthly monitoring visit was conducted in order to quality assure service delivery within the home, these deficits were not identified or addressed. An area for improvement in this regard has therefore been stated for a second time.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced Access NI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, it was further evidenced that while recruitment records for this staff member contained two written references, only one matched the referee details on the staff member's initial application form. 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. Discussion with the registered manager evidenced however that as a consequence of his reduced working hours in the capacity of a registered manager, the scheduling of staff appraisal and supervision was significantly delayed. This matter will be reviewed during future inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff.

Areas for improvement

An area for improvement under regulation in relation to audits was stated for a second time.

An area for improvement under standards was stated in respect of staff selection and recruitment while an area for improvement in relation to monthly monitoring was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michael Bagood, Registered Manager, and Heather Murray, 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 3 Ref: Regulation 17 (1) Stated: Second time To be completed by: 20 December 2017	<p>The registered persons must ensure that quality audits are conducted by a person not completing the care plan in order to ensure transparency.</p>
	<p>Quality audits should be a conducted in order to drive improvement in the overall management of care records.</p> <p>An action plan should be generated and presented to the person completing the plan of care to amend.</p> <p>A record should be maintained of the action taken alongside the date and verification by the auditor that the record is maintained in keeping with best practice. The results of audits should be analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A more robust system has been introduced to ensure, all care files have been audited and any actions required are signed off by the named nurse and dated. This audit system will be closely monitored by the Home Manager and Regional Manager to ensure best practice is embedded and maintained</p>
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	<p>The registered persons must ensure that adequate precautions against the risk of fire are taken and that all designated fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidance.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Further supervisions have been had with staff to ensure all fire doors are closed and/or locked in adherence with current fire safety risk assessments and best practice guidelines. This will be monitored closely by the Home Manager</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.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The storage areas designated for chemicals have been reassessed and a more robust locking system has been introduced to ensure that residents are protected from hazards to their health. This will be closely monitored by the Home Manager</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 20 December 2017</p>	<p>The registered persons should ensure that the registered manager is supported in their role to ensure compliance with the requirements and recommendations made following this inspection.</p> <p>Progress in compliance with the requirements and recommendations should be monitored and recorded as part of the Regulation 29 monthly monitoring visits.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Support will continue for the Acting Home Manager on a regular basis and as required by the Regional Manager and progress regarding compliance in care standards and regulations will be monitored and recorded as part of the Regulation 29 monthly monitoring visits</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Further discussions with staff have been had in regards to the importance of infection prevention and control issues identified during this inspection and these areas have been addressed. Infection prevention and control audits will continue to monitor this area and address deficits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that all patients have access to a nurse call system in both communal lounges.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A nurse call bell is now available in both communal lounges</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2017</p>	<p>The registered persons shall ensure that patients' care plans in relation to seating are written in a holistic manner and in collaboration with the patient and/or patients' representative.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The individual's care plan identified during the inspection in regards to seating was updated on the day of the inspection, All care files have been audited to ensure appropriate care plans are in place as required in regards to seating arrangements.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that staff are not employed within the home until all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The staff member's file identified during the inspection has been in employment in the company since 2008, whilst 2 references were evident, only one matched the referee details on the staff members initial application form. All personnel files have been audited to ensure the references stated on the application form match the references submitted and if this is not the case, it is documented in the staff member's file detailing the reasons for this.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)