

## **Unannounced Care Inspection**

**Name of Establishment:** Redburn Clinic

**RQIA Number:** 1287

**Date of Inspection:** 8 January 2015

**Inspector's Name:** Donna Rogan  
Aveen Donnelly

**Inspection ID:** IN017287

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Establishment:</b>	Redburn Clinic
<b>Address:</b>	89 Belfast Road Ballynahinch BT24 8EB
<b>Telephone Number:</b>	028 97563554
<b>Email Address:</b>	micheal.bagood@spanursing.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Spa Nursing Homes Ltd Mr Chris Arnold (responsible individual)
<b>Registered Manager:</b>	Mr Micheal Bagood (registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mr Micheal Bagood
<b>Categories of Care:</b>	NH-I ,NH-PH ,NH-PH(E) ,NH-TI, RC-I, RC-PH
<b>Number of Registered Places:</b>	27
<b>Number of Patients Accommodated on Day of Inspection:</b>	20
<b>Scale of Charges (per week):</b>	£567.00
<b>Date and Type of Previous Inspection:</b>	7 March 2014 Primary Unannounced
<b>Date and Time of Inspection:</b>	8 January 2015 10.15 – 16.15 hours
<b>Name of Inspectors:</b>	Donna Rogan Aveen Donnelly (induction)

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the responsible individual.
- Discussion with Mr Micheal Bagood.
- Discussion with staff.
- Discussion with patients individually and to others in groups.
- Consultation with relatives.
- Review of a sample of policies and procedures.
- Review of a sample of staff training records.
- Review of a sample of staff duty rotas.
- Review of the complaints, accidents and incidents records.
- Observation during a tour of the premises.
- Evaluation and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	14
Staff	6
Relatives	4
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients/ residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	3	3
Relatives/Representatives	5	5
Staff	8	6

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/nurse manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/nurse manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### Standard 19 - Continence Management

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Redburn clinic is a two-storey red-brick facility situated on the outskirts of Ballynahinch. All amenities such as a library, churches and post office are located in surrounding areas close by. The home consists of single and double bedrooms. There are three lounges, two situated on the ground floor. The lounge on the first floor is not used by patients as it is less accessible to them. There is a well maintained garden, which is very pleasant. This home is registered to accommodate 25 patients requiring nursing care and two residents requiring residential care.

The certificate of registration was displayed and accurately reflected the categories of care being accommodated on the day of the inspection.

Changes are required to the certificate to reflect recent management changes in the company and home.

The home is registered to provide care under the following categories of care:

### Nursing Care

I	Old age not falling into 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

I	Old age not falling into any other category
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## 8.0 Executive Summary

The unannounced inspection of Redburn Clinic was undertaken by Donna Rogan accompanied by Aveen Donnelly (inspector on induction) on 8 January 2015 between 10:15 and 16:15 hours. The inspection was facilitated by Micheal Bagood, nurse manager who was also available for verbal feedback at the conclusion of the inspection. The inspector also contacted the responsible individual, Chris Arnold on the day following the inspection to provide verbal feedback on the inspection findings.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection of 7 March 2014.

As a result of the previous inspection eleven requirements and eleven recommendations were issued. These were reviewed during this inspection and the inspector evidenced that seven requirements have been fully complied with. Two requirements were moving towards compliance and two requirements were not validated. The eleven recommendations evidenced that eight recommendations were fully complied with, one was moving towards compliance and two were not validated. Details of the findings can be viewed in the section immediately following this summary.

At the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to verbally express their views were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

Assessments and care plans in regard to management of continence in the home were reviewed. Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken. Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of urinary catheters and the frequency with which the catheters within the home required to be changed. Discussion with staff and review of training records confirmed that there were staff trained and assessed as competent in urinary catheterisation. There were no areas for improvement identified within this theme.

From a review of the available evidence, discussion with relevant staff and observation, the level of compliance with the standard inspected is compliant.

### Additional Areas Examined

Care Practices  
Complaints  
Patient Finance Questionnaire  
NMC Declaration  
Patients/relatives questionnaires and comments  
Staff questionnaires and comments  
Environment  
Infection control and management

Details regarding the inspection findings for these areas are available in the main body of the report. Serious areas of concern were raised with the nurse manager and the responsible individual regarding the management of the environment and infection control and management. An urgent findings letter was issued in their regard. Issues raised are listed in section 11.7 and 11.8 of this report.

## **Conclusion**

At the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

Progress on the action taken in relation to the overall management of the environment and infection control, should be forwarded to RQIA within 28 days of the inspection. Since the date of inspection the responsible individual has kept RQIA informed of the actions taken to address the issues raised. The responsible individual was informed that further regulatory action may be considered if the requirements are not met within the timescales set. RQIA will conduct a monitoring visit to substantiate the progress made.

As a result of this inspection eight requirements and three recommendations were made. Details of the requirements and recommendations can be found in the quality improvement plan (QIP) of this report.

The inspectors would like to thank the patients, the nurse manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspectors would also like to thank the patients, relatives and staff who completed questionnaires.



## 9.0 Follow-Up on Previous Issues from inspection on 7 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	29 (4) (c)	<p>The acting responsible individual must ensure that a written report is available for inspection in respect of all monthly visits undertaken at all times.</p> <p><b>Stated once</b></p>	<p>The nurse manager advised that the responsible individual had conducted a regulation 29 visit in December 2014. However, he was unsure of the date of the visit. There was no report available for the month of November 2014 or December 2014. The responsible individual informed the inspector following the inspection that the report for December 2014 was now available in the home. This requirement is stated for a second time.</p>	Moving towards compliance
2.	17(1)(2)(3)	<p>The registered person must ensure effective systems are implemented for reviewing at least annually the quality of nursing and other services provided by the home and a copy of the annual review report is submitted to RQIA.</p> <p><b>Stated twice</b></p>	<p>The annual quality report has been received by RQIA. The report included effective systems to review the quality of nursing and other services provided by the home.</p>	Compliant
3.	16(1)	<p>The registered person must ensure that where a DNAR care plan is in place, the order is completed and endorsed by a medical practitioner and further</p>	<p>The care record of one person with a DNAR in place was reviewed. The care record was endorsed by a medical practitioner. The record was also updated when the circumstances of the patient had changed.</p>	Compliant

		<p>endorsed when the decision is reviewed or when circumstances for the patient change.</p> <p><b>Stated twice</b></p>		
4.	20(1)(a)(c)(i)	<p>The registered person must ensure that sufficient domestic/laundry staff are on duty at all times to meet the needs of the home.</p> <p>The registered person must ensure that all nurses undertaking wound care have received the required training and been assessed competent to provide wound care safely.</p> <p>All care staff must receive pressure care training and competency must be assessed.</p> <p><b>Stated twice</b></p>	<p>A review of the duty rotas evidenced sufficient staff on duty to meet the needs of the home.</p> <p>A review of the training records evidenced that registered nurses have received training in wound care on 3 June 2014 and 29/09/14. Competence assessments were completed following this training.</p> <p>Care staff have received training in pressure care training. Staff spoken with appeared knowledgeable of best practice.</p>	Compliant

5.	27(2)(a)(c)(t)	<p>The registered person must ensure that the following action is taken without delay:</p> <ul style="list-style-type: none"> <li>• The premises are kept of sound construction and kept in a good of state of repair internally at all times</li> <li>• A risk assessment to manage health and safety risks is carried out and updated when necessary.</li> </ul> <p>A planned programme of upgrading works including timescales for completion must be submitted to RQIA when returning the Quality Improvement Plan.</p> <p>The actions taken in respect of issues recorded in 6, together with information on any other planned improvements must also be included.</p> <p><b>Stated twice</b></p>	<p>Since the previous inspection there has been a considerable amount of repair and redecoration completed in the home. However, during a tour of the building it was identified that many areas still required refurbishment.</p> <p>An urgent findings letter was issued during the inspection, requiring that the responsible individual provide an updated refurbishment programme to address the environmental issues raised during the inspection.</p> <p>A risk assessment to manage health and safety risks is completed and actions taken and updated when necessary.</p> <p>Following the previous inspection a refurbishment programme was forwarded to RQIA. However, as previously stated this is required to be updated and reviewed and the revised programme should be forwarded to RQIA without delay.</p> <p>The outstanding issues from this requirement have been incorporated into an urgent actions letter.</p>	Moving towards compliance
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6.	30(1)	<p>The registered person must give notice to RQIA without delay of the occurrence of –</p> <ul style="list-style-type: none"> <li>Any event in the nursing home which adversely affects the wellbeing or safety of any patient or resident.</li> <li>In addition the registered person must ensure that this requirement is fully complied with.</li> </ul> <p><b>Stated twice</b></p>	<p>The inspector can confirm that the notification of incidents has been received by RQIA of any event in the nursing homes which adversely affects the wellbeing or safety of any patient or resident. There is evidence in the regulation 29 visit reports that the registered person checks that all incidents are reported to RQIA.</p>	Compliant
7.	20 (1)(a)(c)(i)	<p>The acting manager must ensure the competency of all staff employed in the home is reviewed and their safeguarding knowledge tested. Records to confirm this process has been completed must be maintained for inspection.</p> <p><b>Stated once</b></p>	<p>The inspectors reviewed the competency assessments of staff employed in the home. This included their knowledge of safeguarding management. Records were retained of the assessments and were available on the day of inspection.</p>	Compliant

8.	15 (2)(a)(b)	<p>The acting manager must ensure that assessments are reviewed and updated when patients' needs change and are reviewed at least annually.</p> <p>Effective pain assessments must be completed for patients/residents receiving analgesic medication, and assessments continuously reviewed to reflect if prescribed treatment is effective.</p> <p>Continence assessment must reflect the product type with evidence that products in use meets patients' individual needs.</p> <p><b>Stated once</b></p>	This requirement was not reviewed during this inspection. This requirement is carried forward for review during subsequent inspections.	Not validated
9.	19(1)(a), Schedule3(k)	<p>The acting responsible individual and acting manager must ensure that nursing staff consistently record a contemporaneous note of all nursing provided to each patient, including a record of their condition.</p>	This requirement was not reviewed during this inspection. This requirement is carried forward for review during subsequent inspections.	Not validated

		<b>Stated once</b>		
10.	14(3)	<p>The acting responsible individual and acting manager must ensure that at all times, there are suitable arrangements to provide a safe system for moving and handling patients.</p> <p><b>Stated once</b></p>	There were no moving and handling issues observed during the inspection.	Compliant
11.	20(1)(a)-(c)(i)(ii)(iii)(iv) and (2)	<p>The acting responsible individual must ensure that the recently appointed manager has designated management hours to fulfil the requirements of the role and receives the required support and supervision.</p> <p><b>Stated once</b></p>	A review of the duty rotas and following discussion with the nurse manager. It was confirmed that the nurse manager completes six hours as a registered nurse and 34 hours supernumery in a management capacity. These hours are reflected in the duty rotas.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	1.2	<p>Consideration should be given to reintroducing meetings to enable patients and residents views to be provided. Details of the meeting schedule should be submitted to RQIA.</p> <p><b>Stated three times</b></p>	<p>The nurse manager has reintroduced regular staff and patients/relatives meetings. Records are maintained of the minutes of meetings and were available for inspection.</p>	Compliant
2.	29.1	<p>Supervisory staff should be formally trained in supervision and performance appraisal.</p> <p><b>Stated three times</b></p>	<p>The nurse manager confirmed that where staff complete supervision and performance appraisal that they have been formally trained. Records are maintained.</p>	Compliant
3.	30.4	<p>The competency and capability assessments for registered nurses in charge of the home in the absence of the registered manager should be further developed to include management duties and responsibilities. For</p>	<p>A review of competency and capability assessments has been completed by management in the home. The review has ensured that the management duties and responsibilities in relation to Regulation 30 notifications and the management of safeguarding, management of outbreaks and management of emergency situations have been included in the assessments.</p>	Compliant

		<p>example – Reg. 30 notifications, management of POVA, management of outbreaks, management of emergency situations i.e. Power failure, water failure, generator maintenance.</p> <p><b>Stated twice</b></p>		
4.	25.11	<p>It is recommended that the audit process is further developed to include a re-audit of any areas identified as requiring improvement. Audit records should evidence that the identified areas for improvement are addressed.</p> <p><b>Stated three times</b></p>	<p>The nurse manager confirmed that the audit process has been developed to ensure monthly audits have been completed regarding the environment. However due to the issues identified during this inspection, this is required to be formalised and further developed. The nurse manager and maintenance manager confirmed that there are no current formalised refurbishment plan or audit arrangements in place to monitor the environment. This has now been made a requirement and an urgent findings letter has been issued in this regard.</p>	Moving towards compliance
5.	25.12	<p>The acting responsible person should develop the regulation 29 report format to ensure the following is consistently</p>	<p>A review of the Regulation 29 visit reports did not evidence the follow up actions taken to address issues raised. There was no evidence of the action to be taken where deficits have not been addressed.</p>	Not compliant



		<p>recorded.</p> <ul style="list-style-type: none"> <li>• There is detailed and comprehensive information in relation to follow actions.</li> <li>• the report evidences continuous improvement and the follow up action taken when deficits are not appropriately addressed.</li> </ul> <p><b>Stated once</b></p>	This recommendation is restated	
6.	25.12	<p>The acting responsible individual and acting manager should implement an effective process to inform patients/residents and their representatives of the availability of the monthly report and how it can be accessed.</p> <p><b>Stated once</b></p>	There was a notice available in the front foyer of the home to inform the residents/relatives that the monthly reports are available on request.	Compliant

7.	16.2	<p>The acting responsible individual must continually monitor incidents to ensure that safeguarding referrals are being made in a timely way to the relevant agencies.</p> <p><b>Stated once</b></p>	<p>There is evidence in the Regulation 29 visit reports that the responsible person monitors incidents to ensure that safeguarding referrals were made in a relevant way to the relevant agencies.</p>	Compliant
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8.	16.3	<p>Confirmation must be provided to RQIA that all staff have received the annual refresher update on safeguarding vulnerable adults and have been deemed competent.</p> <p><b>Stated once</b></p>	<p>Training records confirmed that all staff have received training in safeguarding in vulnerable adults training. Competency assessments have been completed following training with staff. Records have been retained and were available for inspection.</p>	Compliant
9.	10.7	<p>The acting responsible individual should ensure that the restraint policy is revised and updated to reflect human rights legislation and Deprivation of Liberty Safeguards (DOLS).</p> <p>In addition care records should also reflect human rights legislation and staff should receive training on what is expected.</p> <p><b>Stated once</b></p>	<p>This recommendation was not reviewed during this inspection and will be carried forward to be reviewed during at the next inspection.</p>	Not validated

10.	10.7	<p>The acting responsible individual and acting manager must ensure that where restrictive equipment is used by patients/residents, care records are revised and updated to evidence:</p> <ul style="list-style-type: none"> <li>• the assessment and decision making process including who was involved</li> <li>• The least restrictive options considered and why they were not effective.</li> <li>• the review processes which are in place</li> </ul> <p><b>Stated once</b></p>	<p>Care records of patients where restrictive equipment is used by patients/residents were reviewed. The records included the assessment and decision making process including who was involved, the options considered and the review processes in place.</p>	Compliant
11.	5.3	<p>The acting manager should ensure the following;:</p> <ul style="list-style-type: none"> <li>• roles and responsibilities of</li> </ul>	<p>This recommendation was not reviewed during this inspection and will be carried forward to be reviewed during the next inspection.</p>	Not validated

		<p>named nurses are outlined in the Patients'/Residents' Guide.</p> <ul style="list-style-type: none"> <li>• body mapping charts are consistently completed on admission</li> <li>• moving and handling assessments include the type of hoist and sling required by individual patients.</li> <li>• information should be provided to patients and their carers on skin care pressure ulcer prevention.</li> </ul> <p><b>Stated once</b></p>		
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**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 7 March 2014, RQIA have been notified by the nurse manager of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

Following discussion with the nurse manager RQIA were satisfied that SOVA issues were dealt with in the appropriate manner and in accordance with regional guidelines and legislative requirements.

## 10.0 Inspection Findings

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b> 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	<b>Compliance Level</b>
<b>Inspection Findings:</b> Review of two patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. The continence assessment in use was regularly revised. The assessment viewed by the inspector evidenced the decision making processes used to identify the continence needs of the individual.  There was evidence in two patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.  The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their general practitioners as appropriate.  Review of two patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.  The care plans reviewed addressed the patients' assessed needs in regard to continence management.  Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**Compliance Level****Inspection Findings:**

The following policies and procedures were in place;

- Continence management / incontinence management.
- Stoma care.
- Catheter care.

The following guideline documents were in place:

- RCN continence care guidelines.
- British Geriatrics Society Continence Care in Residential and Nursing Homes.
- NICE guidelines on the management of urinary incontinence.
- NICE guidelines on the management of faecal incontinence.

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Compliant



**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>Compliance Level</b>
<b>Inspection Findings:</b> Not applicable.	Not validated
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>Compliance Level</b>
<b>Inspection Findings:</b> Discussion with the nurse manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the nurse manager and a review of training records revealed that three registered nurses in the home were deemed competent in female catheterisation, male catheterisation, suprapubic catheterisation and the management of stoma appliances. Care staff completed training in continence care.  The promotion of continence and the management of incontinence is completed at the time of induction. The review of one staff induction training records evidenced this training had been completed and had been validated by the nurse manager.  Regular audits of the management of continence products are undertaken by the nurse manager.	Compliant

<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Compliant</b>
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## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### **11.2 Complaints**

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The management of complaints was discussed with the nurse manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

### **11.3 Patient Finance Questionnaire**

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

### **11.4 NMC Declaration**

Prior to the inspection the nurse manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the nurse manager, were appropriately registered with the NMC.

### **11.5 Patients/Residents and Relatives Comments**

During the inspection the inspectors spoke to fourteen patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"I am very happy with everything here."

"everyone is kind"

"the food is good"

"staff are helpful and always have time for a few words"

Three patient questionnaires were issued and all three were returned with the following comments;

“staff are always polite to me”  
 “the quality of care I receive is good”  
 “staff treat me and my belongings with respect”

There were no issues raised by patients to the inspectors during the inspection.

Five questionnaires were issued to relatives during the inspection for completion. All five were returned with the following comments;

“I feel confident to express my views on how my relative is being cared for”  
 “I am confident that my relative is receiving good care and treatment in the home”  
 “staff make me feel welcome in the home”  
 “staff take time to know my relative/friend”  
 “staff provide me with sufficient information when I need it/ask for it”

There were no issues raised by relatives or their representatives during the inspection to the inspectors.

## **11.6 Questionnaire Findings/Staff Comments**

During the inspection the inspector spoke with six staff. The inspector was able to speak to a number of these staff individually and in private. Eight staff questionnaires were issued during the inspection, six staff returned the questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

The following comments were made to the inspector and returned in the staff questionnaires;

“I have received information on the safeguarding vulnerable adults”  
 “I know how to report poor staff practices”  
 “excellent home and it is very homely and friendly, the food is top notch”  
 “I feel Redburn is very homely and staff get on very well, residents are well looked after and always seem to enjoy activities”  
 “good care is provided and staff have good training”  
 “Décor is not great, care is excellent, need new carpets, curtains etc, the food is excellent”

Three of the questionnaires returned commented, “that staff do not get enough time to talk with patients”.

## **11.7 Environment**

The inspectors undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortably heated and most areas unless otherwise stated were maintained to a good standard of hygiene.

The following areas are required to be addressed as a priority. All identified areas room numbers etc. were provided to the nurse manager during the inspection;

- The identified carpets are required to be replaced.
- Ensure the identified mattress is reviewed to ensure it is an appropriate size for the bed.
- Replace the identified side boards.
- Replace the identified wardrobes.
- Repaint the identified bedrooms.
- A review of bedroom furniture should be conducted and a refurbishment programme to have the old furniture which cannot be effectively cleaned, replaced, the refurbishment programme should be forwarded to RQIA. The timescales should be included.
- Ensure the hot water is working in all bedrooms.
- Ensure the moss is cleared from the identified roof.
- Replace the identified carpets on the corridors and the identified lounge.
- Ensure the patient fire list is always maintained up to date.
- Replace/repair torn chairs.
- A hot food trolley should be provided.
- The malodour should be eradicated from the identified bedroom.
- The identified bathroom should be refurbished.
- Repair the cupboard door underneath the identified sink.
- Repair the plaster around the window in the identified bedroom.
- Ensure curtains are properly hung in bedrooms.

## **11.8 Infection control and management**

The inspectors identified the following issues in relation to the management of infection control. These issues should be addressed as a priority;

- Ensure all sluice rooms are cleared and items stored in keeping with infection control best practice.
- Toiletries should be appropriately stored.
- Toothbrushes and tooth mugs should be appropriately cleaned and stored after use.
- Mouth care equipment should not be stored in the bathrooms/W/C areas.
- Ensure prescription creams are only used for whom they are prescribed, they should be appropriately labelled.
- Ensure there are no inappropriate items stored in bathroom areas.
- Baths should be maintained clean at all times.
- Staff should maintain best practice regarding the management of bed pans and commode pots.
- Commode pots and bed pans should always be covered during transportation.
- Curtains in bathrooms should either be removed or evidence should be retained of when they are being effectively cleaned.
- Equipment/linen such as toothbrushes, toiletries and facecloths should be appropriately managed in the identified double bedrooms.

Given the number of issues identified during the inspection in relation to the environment and infection control and the lack of progress in addressing the previous requirement in relation to the environment, an urgent findings letter was issued to the nurse manager requesting the following requirements are addressed as a matter of urgency;

- Forward RQIA an updated refurbishment programme to address the environmental issues raised during the inspection. This should include timescales to address the issues within 3 months of inspection.
- The nurse manager should ensure they receive up to date training in the management and prevention of infection control without delay.
- The nurse manager should make urgent arrangements to have an infection control audit completed by a competent person. The report should be forwarded to RQIA when completed. Any actions to be taken should be included in the refurbishment plan as stated.

Progress on the actions taken should be forwarded to RQIA within 28 days of issue. RQIA will monitor the progress made regarding the actions taken. The findings of the inspection were discussed with Frances Gault, senior inspector (RQIA) by telephone during the inspection. It was decided that further regulatory action will be considered if the issues raised in the urgent actions letter are not addressed within 28 days of the inspection. It is required that there is significant progress made with all the issues raised during the inspection within a three month period from the inspection.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Micheal Bagood, nurse manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Donna Rogan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**Appendix 1**

<b>Section A</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.1</b> <ul style="list-style-type: none"> <li>At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.</li> </ul> <b>Criterion 5.2</b> <ul style="list-style-type: none"> <li>A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.</li> </ul> <b>Criterion 8.1</b> <ul style="list-style-type: none"> <li>Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.</li> </ul> <b>Criterion 11.1</b> <ul style="list-style-type: none"> <li>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
A pre assessment is carried out before admission and an up to date assessment from the care management team involved is obtained. this information is recorded and retained in residents folder. A holistic assessment of resident's needs is completed within 11 days of admission using validated tools. Nutritional assessment using MUST tool is carried out on all new residents and kept under review. On admission a pressure ulcer risk assessment is completed for all residents.	Compliant

<b>Section B</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.3</b> <ul style="list-style-type: none"> <li>A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.</li> </ul> <b>Criterion 11.2</b> <ul style="list-style-type: none"> <li>There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.</li> </ul> <b>Criterion 11.3</b> <ul style="list-style-type: none"> <li>Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.</li> </ul> <b>Criterion 11.8</b> <ul style="list-style-type: none"> <li>There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.</li> </ul> <b>Criterion 8.3</b> <ul style="list-style-type: none"> <li>There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>On admission the nurse is responsible for planning the nursing intervention to meet the needs of the thus promoting rehabilitation and independence where possible.</p> <p>Tissue Viability nurses can be contacted through Community Centre for advice and support.</p>	Compliant



<p>When resident is at risk a plan is put in place, after consultaion with other health care providers,in an effort to prevent pressure ulcers from occuring.</p> <p>Referral to podiatry through call management is made if there is ulceration of lower limb.</p> <p>Referral to Dietitian is made when required and advice received is adhered to by staff in the home.</p>	
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Section C	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.4</b> <ul style="list-style-type: none"> <li>Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</li> </ul> <b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
A daily report is completed by nurses on duty to reflect the care provided. Daily report must be signed and dated giving time report is completed.	Compliant

<b>Section D</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.5</b> <ul style="list-style-type: none"> <li>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</li> </ul> <b>Criterion 11.4</b> <ul style="list-style-type: none"> <li>A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</li> </ul> <b>Criterion 8.4</b> <ul style="list-style-type: none"> <li>There are up to date nutritional guidelines that are in use by staff on a daily basis.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>All nursing interventions, activities and procedures carried out in the home must be supported by best practice evident based guidelines.</p> <p>Where there is skin damage a validated grading tool is used and appropriate intervention put in place in an effort to promote healing. If necessary the relevant professional bodies are involved in an effort to have the desired outcome.</p> <p>There are booklets available in the home for staff use.</p>	Compliant

<b>Section E</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<p><b>Criterion 5.6</b></p> <ul style="list-style-type: none"> <li>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</li> </ul> <p><b>Criterion 12.11</b></p> <ul style="list-style-type: none"> <li>A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</li> </ul> <p><b>Criterion 12.12</b></p> <ul style="list-style-type: none"> <li>Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 19(1) (a) schedule 3 (3) (k) and 25</b></p>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Nursing records of all interventions, activities and procedures are retained in the home in accordance to NMC guidelines.</p> <p>Records of all meals provided in the home are retained for inspection and provide details of all meals taken by all residents.</p> <p>An indept record is kept of all residents who require full assistance at meal times or residents who require daily monitoring due to their health status.</p> <p>Where necessary referrals to relevant professionals are made and records of outcome retained in resident's notes.</p>	Compliant

Section F	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.7</b> <ul style="list-style-type: none"> <li>The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</li> </ul> <b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>All care delivered is monitored on day to day basis and recorded in daily records by nurse on duty.</p> <p>Care plans are reviewed on a monthly basis or more often if required.</p> <p>Staff and Management are in daily communication with residents, and their relatives during their visits to the home, so they are aware of all interventions being carried out.</p> <p>If a resident requires treatment the next of kin is contacted either directly on their visit to the home or by telephone to ensure they are aware of any changes to care.</p>	Substantially compliant

<b>Section G</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 5.8</b> <ul style="list-style-type: none"> <li>Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.</li> </ul> <b>Criterion 5.9</b> <ul style="list-style-type: none"> <li>The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Residents are where possible involved in any reviews carried out by the local trust. There is a print out of all reviews carried out and any changes required are carried out with the agreement of resident and their representatives.	Substantially compliant

<b>Section H</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 12.1</b> <ul style="list-style-type: none"> <li>Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.</li> </ul> <b>Criterion 12.3</b> <ul style="list-style-type: none"> <li>The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
Residents receive a nutritious and varied diet providing all the required dietary needs. Advice received from professional bodies is implemented. Menu is in place but there is always great effort to provide resident with the meal of their choice. The cook will communicate with residents directly if they require a specific meal.	Compliant

<b>Section I</b>	
<b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>	
<b>Criterion 8.6</b> <ul style="list-style-type: none"> <li>Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.</li> </ul> <b>Criterion 12.5</b> <ul style="list-style-type: none"> <li>Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</li> </ul> <b>Criterion 12.10</b> <ul style="list-style-type: none"> <li>Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> <li>risks when patients are eating and drinking are managed</li> <li>required assistance is provided</li> <li>necessary aids and equipment are available for use.</li> </ul> </li> </ul> <b>Criterion 11.7</b> <ul style="list-style-type: none"> <li>Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</li> </ul>	
<b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</b>	
<b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>	<b>Section compliance level</b>
<p>Nurses have up to date knowledge on the management of feeding the residents with swallowing difficulties. Care staff have also received training provided by South Eastern trust in this area.</p> <p>Meals are provided at conventional times allowing staff sufficient time to assist residents with their meals.</p> <p>Snacks hot and cold drinks are available at all times on request. Fresh water and juice is available at all times. Snacks are given mid-morning, mid-afternoon and the evening to all residents.</p> <p>Staff are aware of residents with eating difficulties and risk involved. The home has availed of training provided by the trust in this field.</p>	Compliant



<p>Where necessary assistance is provided to residents. Aids and equipment are available for resident use. Nurses have received training on wound management and how to assess wounds thus providing the most appropriate dressings.</p>	
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Provider's Overall Assessment Of The Nursing Home's Compliance Level Against Standard 5	Compliance Level
	Compliant

**Appendix 2**

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p><b>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</b></p>	<p><b>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</b></p>
<ul style="list-style-type: none"> <li>• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally)</li> <li>• Checking with people to see how they are and if they need anything</li> <li>• Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task</li> <li>• Offering choice and actively seeking engagement and participation with patients</li> <li>• Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used where appropriate</li> <li>• Smiling, laughing together, personal touch and empathy</li> <li>• Offering more food/ asking if finished, going the extra mile</li> <li>• Taking an interest in the older patient as a person, rather than just another admission</li> <li>• Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away</li> <li>• Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others</li> </ul>	<p>Examples include: Brief verbal explanations and encouragement, but only that that is necessary to carry out the task</p> <p>No general conversation</p>

<b>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</b>	<b>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</b>
<p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Putting plate down without verbal or non-verbal contact</li> <li>• Undirected greeting or comments to the room in general</li> <li>• Makes someone feel ill at ease and uncomfortable</li> <li>• Lacks caring or empathy but not necessarily overtly rude</li> <li>• Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact</li> <li>• Telling someone what is going to happen without offering choice or the opportunity to ask questions</li> <li>• Not showing interest in what the patient or visitor is saying</li> </ul>	<p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Ignoring, undermining, use of childlike language, talking over an older person during conversations</li> <li>• Being told to wait for attention without explanation or comfort</li> <li>• Told to do something without discussion, explanation or help offered</li> <li>• Being told can’t have something without good reason/ explanation</li> <li>• Treating an older person in a childlike or disapproving way</li> <li>• Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’)</li> <li>• Seeking choice but then ignoring or over ruling it</li> <li>• Being angry with or scolding older patients</li> <li>• Being rude and unfriendly</li> <li>• Bedside hand over not including the patient</li> </ul>

## References

QUIS originally developed by Dean, Proud foot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domes units. *International Journal of Geriatric Psychiatry* Vole \*pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Redburn Clinic

8 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Micheal Bagood, nurse manager during or the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (2) (b)	<p>The responsible person shall forward RQIA an update refurbishment programme to address the environmental issues raised during the inspection. This should include timescales to address the issues within 3 months of the inspection'</p> <p><b>Ref 11.8 and section 9.0</b></p>	One	A refurbishment programme has been sent by our Chief operating officer Mr Chris Arnold to RQIA Inspector Ms. Donna Rogan on 6 <sup>th</sup> of February 2015	Within 28 days (Urgent findings letter)
2	13 (7)	<p>The acting manager should ensure they receive up to date training in the management of infection control prevention within 28 days.</p> <p>The acting manager should make urgent arrangements to have an infection control audit carried out by a competent person.</p> <p>The infection control audit report should be forwarded to RQIA when completed. Any actions to be taken should be included in the refurbishment plan as stated in requirement 1.</p> <p><b>Ref 11.8</b></p>	One	<p>Infection Control Training was undertaken by the Home Manager and the Infection Control Link Nurse on the 23<sup>rd</sup> of January 2015.</p> <p>An infection control audit was carried out by Operations Support Manager Mrs. Linda Kelly on the 19<sup>th</sup> of January 2015.</p> <p>An infection control audit carried out by an external company on the 23<sup>rd</sup> of January 2015.</p>	Within 28 days (Urgent findings letter)

3	29 (4) (c)	<p>The responsible individual must ensure that a written report is available for inspection in respect of all monthly visits undertaken at all times.</p> <p><b>Ref section 9.0</b></p>	Two	<p>Going forward a written report will be available in the home in respect of each monthly quality visit by the Responsible person.</p>	On-going
4	15 (2)(a)(b)	<p>The acting manager must ensure that assessments are reviewed and updated when patients' needs change and are reviewed at least annually.</p> <p>Effective pain assessments must be completed for patients/residents receiving analgesic medication, and assessments continuously reviewed to reflect if prescribed treatment is effective.</p> <p>Continence assessment must reflect the product type with evidence that products in use meets patients' individual needs.</p> <p>Carried forward from previous inspection</p> <p><b>Ref section 9.0</b></p>	One	<p>Going forward there will be annual review of all residents with a review of assessment and careplans at least monthly depending on resident's needs</p> <p>There is a pain assessment in place for every resident who requires analgesia and this is reviewed at least monthly depending on effectiveness of prescribed medication.</p> <p>Continence assessment has been carried out on all residents and appropriate details recorded in care plan and reviewed monthly</p>	On-going
5	19(1)(a), Schedule3(k)	<p>The acting responsible individual and acting manager must ensure that nursing staff consistently record a contemporaneous note of all nursing provided to each patient, including a record of their condition.</p> <p>Carried forward from previous inspection</p> <p><b>Ref section 9.0</b></p>	One	<p>All nurses have been made aware the necessity to make a formal entry for each resident on every shift which includes care provided. The home manager will audit care plans to ensure this is completed</p>	On-going

6	27 (2) (c)	<p>Ensure the equipment provided in at the nursing home for use for patients or persons who work at the home is in good working order, properly maintained in accordance with the manufacturers guidance, and suitable for the purpose for which it is to be used.</p> <p><b>Ref 11.7</b></p>	One	<p>All equipment in the home is check periodically-time varying depending on equipment. Home Manager will ensure that equipment is maintained as per manufactures guidance and that it is fit for purpose.</p>	From the date of inspection
7	27	<p>The responsible person shall ensure that all the issues listed in section 11.7 of this report in relation to the environment are addressed. Progress of the actions taken should be forwarded to RQIA upon completion.</p> <p><b>Ref 11.7</b></p>	One	<p>The refurbishment plan is in place and is being implemented. The Chief Operations Officer will keep RQIA Inspector Ms. Donna Rogan informed of progress.</p>	From the date of inspection and no longer than 3 months of the inspection
8	13 (7)	<p>The responsible person shall ensure that all the issues listed in section 11.8 of this report in relation to infection control and management are addressed. Progress of the actions taken should be forwarded to RQIA upon completion.</p> <p><b>Ref 11.8</b></p>	One	<p>.Going forward all areas noted on 11.8 of this report have been addressed and are checked on quality monitoring visits by the Chief Operations Officer.</p>	From the date of inspection and no longer than 3 months of the inspection



**Recommendations**

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.12	<p>The acting responsible person should develop the regulation 29 report format to ensure the following is consistently recorded.</p> <ul style="list-style-type: none"> <li>• there is detailed and comprehensive information in relation to follow actions.</li> <li>• the report evidences continuous improvement and the follow up action taken when deficits are not appropriately addressed.</li> </ul> <p>Carried forward from previous inspection</p> <p><b>Ref section 9.0</b></p>	Two	The regulation 29 report has been reviewed and updated to include follow up action taken as result of previous visit.	On-going
2	10.7	<p>The acting responsible individual should ensure that the restraint policy is revised and updated to reflect human rights legislation and Deprivation of Liberty Safeguards (DOLS).</p> <p>In addition care records should also reflect human rights legislation and staff should receive training on what is expected.</p> <p>Carried forward from previous inspection</p> <p><b>Ref section 9.0</b></p>	One	<p>Restraint policy is in the process of being reviewed and updated to ensure that it reflects current Human Rights Legislation and Deprivation of Liberty Safeguards.</p> <p>All staff will receive training on deprivations of Liberty and any actions they may need to take to ensure that they are practicing within the law</p>	On-going

3	5.3	<p>The acting manager should ensure the following;:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities of named nurses are outlined in the Patients'/Residents' Guide.</li> <li>• Body mapping charts are consistently completed on admission.</li> <li>• Moving and handling assessments include the type of hoist and sling required by individual patients.</li> <li>• Information should be provided to patients and their carers on skin care pressure ulcer prevention.</li> </ul> <p>Carried forward from previous inspection</p> <p><b>Ref section 9.0</b></p>	One	<p>Resident's Guide to be ammended to include the roles and responsibilities of the named nurse.</p> <p>Body mapping is being carried out on all residents on admission.</p> <p>Moving and Handling now includes type of hoist and sling required for each residents.</p> <p>Leaflet will be made available on skin care and pressure ulcer prevention.</p>	On-going
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Michael Bagood
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Chris Arnold

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Donna Rogan	11/03/15
Further information requested from provider			