



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Slieve Dhu</b>
<b>RQIA Number:</b>	<b>1295</b>
<b>Date of Inspection:</b>	<b>13 November 2014</b>
<b>Inspector's Name:</b>	<b>Karen Scarlett</b>
<b>Inspection ID:</b>	<b>17084</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General Information

<b>Name of Establishment:</b>	Slieve Dhu
<b>Address:</b>	43 Bryansford Road Newcastle BT33 0DW
<b>Telephone Number:</b>	028 4372 5118
<b>Email Address:</b>	manager@slieve-dhu-nursing.com
<b>Registered Organisation/ Registered Provider:</b>	Slieve Dhu Ltd Mr Micheal Rodgers
<b>Registered Manager:</b>	Sue Sutcliffe (Acting manager)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Sue Sutcliffe (Acting manager)
<b>Categories of Care:</b>	NH-I ,NH-PH ,NH-PH(E) ,NH-TI, RC-I
<b>Number of Registered Places:</b>	47
<b>Number of Patients Accommodated on Day of Inspection:</b>	37 (31 nursing and 6 residential)
<b>Scale of Charges (per week):</b>	£461.00 - £581.00
<b>Date and Type of Previous Inspection:</b>	30 September & 2 October 2013, primary unannounced inspection
<b>Date and Time of Inspection:</b>	13 November 2014 09.30 – 17.30
<b>Name of Inspector:</b>	Karen Scarlett

## 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: amend as relevant

- Discussion with the Registered Provider
- Discussion with the Acting Nurse Manager
- Discussion with staff
- Discussion with patients individually and with 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
- Competency and capability assessments of registered nursing staff
- Review of a sample of care records
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Monthly Regulation 29 quality reports
- Record of Patients' possessions
- Evaluation and feedback

## 5.0 Consultation Process

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

Patients/Residents	8 and others in groups
Staff	7
Relatives	3
Visiting Professionals	1

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	1	1
Relatives/Representatives	3	0
Staff	10	9

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered 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

Slieve Dhu Private Nursing Home is a detached three storey dwelling located near to Newcastle town centre. It is set in well maintained grounds and gardens and has adequate car parking space. The bedrooms are spacious and 15 of the single rooms now have en-suite facilities. Communal toilets/showers/bathrooms are appropriately located throughout the home.

A large lounge in divided sections leads to the conservatory. All windows have views either to the front of the home and/or the side garden/patio area. The dining room which is well appointed also overlooks the front of the home. There is a small lounge to the back on the ground floor, a quiet lounge on the second floor and a small lounge in the Commedagh suite which has a panoramic view of the Mourne Mountains.

The laundry and kitchen are well equipped to cater for patient/resident's needs.

The home is decorated and furnished to a high standard.

The certificate of registration issued by RQIA was appropriately displayed in the entrance hall of the home.

The home is registered to provide care for a maximum of 47 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
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 Slieve Dhu nursing home was undertaken by Karen Scarlett on 13 November 2014 between 09.30 and 17.30. The inspection was facilitated by Ms Sue Sutcliffe, acting manager, who was available throughout the inspection and was provided with verbal feedback at the conclusion of the inspection. The inspector met with Mr Micheal Rodgers, registered provider, but he was unavailable for the final feedback.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection concluded on 2 October 2013.

A number of documents are required to be submitted to RQIA pre inspection and these documents were received within the required time frame. Refer to section 11.

The patients were found to be well presented and content in their surroundings. The inspector met with eight patients/residents individually and with the majority of others in groups. The responses from patients/residents were all positive and no concerns were raised. Interactions between staff and patients/residents were observed to be very positive. There was a particularly impressive activities programme operating in the home and patients/residents and staff spoke very positively regarding this. Further details regarding patients/residents and relatives comments is detailed in section 11.5 of this report.

Overall the home was found to be moving toward compliance with standard 19. There was evidence that a continence assessment had been completed for the majority of patients and that this formed part of a comprehensive and detailed assessment of patient needs from the date of admission. However, it could not be evidenced that these assessments were being updated on a regular basis and as required. A requirement in this regard has been stated for a second time.

Care plans were in place for some of the patients' identified needs but not in every case. It could also not be evidenced that the care plans were reviewed and updated on a regular basis and as required in four records reviewed. A requirement has been made.

Discussion with the acting manager and staff confirmed that staff were trained and assessed as competent in continence care and that all registered nurses were competent in female and male catheterisation. On discussion with staff it could be evidenced that they were knowledgeable about the important aspects of continence care.

A policy on the management of incontinence was available in the home. However, this policy was not signed and dated. A previous recommendation made in this regard has been stated for the second time. A recommendation has also been made for additional continence guidelines to be made available to staff and used on a daily basis.

A previous recommendation made regarding regular auditing in the home has been restated for the second time and this audit process should include the management of incontinence. Findings should be acted upon to enhance standards of care.

The inspector spoke to seven staff, four of these individually. Staff comments were very positive and no concerns were raised, information relating to staff comments is detailed in section 11.6 of this report.

The home was presented to a high standard of décor and hygiene throughout. Previously stated requirements regarding the environment had been addressed but fully wipeable plastic covers still require to be fitted to pull cords in the bathrooms. This element of the requirement has been stated for the second time. Refer to section 11.7.

The RQIA had been notified of two ongoing Safeguarding of vulnerable adult (SOVA) investigations. RQIA is satisfied that the acting manager has dealt with both SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements. Further information is detailed in section 9.1 and 11.2 of the report.

The delivery of care to patients/residents was evidenced to be of a satisfactory standard and patients/residents were observed to be treated by staff with dignity and respect.

The inspector reviewed and validated the home's progress regarding the eight requirements and thirteen recommendations made at the last inspection concluded on 2 October 2013 and confirmed compliance outcomes as follows: three requirements and five recommendations had been fully complied with; one requirement regarding infection control training for staff has been stated for a third and final time, two requirements and six recommendations have been stated for the second time and two requirements and one recommendation have been partially restated, also for a second time. One recommendation regarding the policy on the auditing of working practices has now become a requirement.

As a result of this inspection, seven requirements, five restated, and eight recommendations, seven restated were made. These requirements and recommendations were discussed with the acting manager at the conclusion of the inspection.

Details can be found in Sections 9.0 and 10.0 of the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, the visiting professional, acting manager, registered nurses and staff for their assistance and co-operation throughout the inspection process. The inspector would also like to thank the patients, relatives and staff who completed questionnaires.



### 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken – As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (1) (a)	<p>The registered persons must ensure that adequate and substantive managerial hours are put in place and maintained to fulfil the roles and duties of the registered manager</p> <p><b>Ref: Previous report</b></p>	<p>An examination of three weeks duty rotas evidenced that there were allocated managerial hours for the acting manager and the deputy manager.</p> <p>This requirement has been addressed.</p>	Compliant
2.	19 (2) Schedule 4 (10)	<p>The registered persons must ensure that the record of personal possessions brought into the home by the patient/ resident or on their behalf is maintained on an accurate and up to date basis.</p> <ul style="list-style-type: none"> <li>• all personal property and valuables must be recorded.</li> </ul> <p><b>Ref: Previous report</b></p>	<p>The records demonstrated that a comprehensive list of personal possessions had been kept for all patients.</p> <p>This requirement has been addressed.</p>	Compliant
3.	20 (1)(c)(i)	<p>The registered persons must ensure that all staff in the home must be in receipt of up to date training in the prevention and control of infection.</p> <p><b>Ref: Previous report</b></p>	<p>An examination of staff training records demonstrated that significant progress had been made with this requirement, however, it could not be demonstrated that all staff have had up to date training in infection prevention and control.</p> <p>This requirement has been stated for the third and final time.</p>	Substantially compliant

4.	15(2)(a)(b)	<p>The registered persons must ensure that all patient/resident assessments are consistently kept under review and updated to ensure assessment information/risk assessments are accurate in reflecting the individual needs of patients/residents.</p> <ul style="list-style-type: none"> <li>• in addition patients' receiving regular prescribed analgesia including patients' with pressure ulcers/wounds must have a pain assessment in place.</li> </ul> <p><b>Ref: Previous report</b></p>	<p>On examination of a sample of care records, it could not be demonstrated that assessments were being consistently reviewed to reflect the needs of patients.</p> <p>In addition a pain assessment and corresponding care plan were not in place in one of the care records examined.</p> <p>This requirement has been stated for the second time.</p>	<p>Moving towards compliance</p>
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<p>5.</p>	<p>16(1)(2)(a-d)</p>	<p>The registered persons must ensure that</p> <ul style="list-style-type: none"> <li>• care plans consistently evidence input from the patient and or their nominated family representative</li> <li>• the management of care in respect of medication administration is reflected in one patient's care record</li> <li>• the care required for patient s' using lap straps should be reflective of evidenced based guidance</li> <li>• the daily evaluation notes require improvement to reflect the care and treatment provided</li> <li>• to ensure accuracy of information computerised records should be updated as soon as the care task is completed</li> <li>• details of the condition of the skin should be recorded during each patient's positional change</li> </ul> <p><b>Ref: Previous report</b></p>	<p>An examination of the care records could not confirm that care plans evidenced the input of patients or their representative</p> <p>No medication issues were identified during this inspection</p> <p>The recording of the use of lap straps was found to be reflective of evidence based guidance.</p> <p>The daily evaluation notes still require improvement</p> <p>Computerised records were evidenced to be more contemporaneous</p> <p>Repositioning charts were in place to record the condition of skin at each positional change.</p> <p>Elements of this requirement have been stated for the second time.</p>	<p>Moving towards compliance</p>
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6.	20(1)(c)(i)	<p>The registered persons must provide confirmation to RQIA that any nurse working in the home who undertakes wound care tasks has received the required training and has been assessed and deemed competent to perform wound care safely and effectively.</p> <p>In addition confirmation is required that all care staff has received training on pressure area care.</p> <p><b>Ref: Previous report</b></p>	<p>An examination of staff training records evidenced that some staff had training in wound care and pressure ulcer management but this was still ongoing.</p> <p>This has been stated for the second time.</p>	Moving towards compliance
7.	30(1)(a-g),(2)	<p>The registered persons must ensure that there is timely and effective reporting of notifications to RQIA at all times.</p> <p><b>Ref: Previous report</b></p>	<p>An examination of the incident/accident records evidenced that the home were reporting notifications to the RQIA as required.</p> <p>This requirement has been addressed.</p>	Compliant

8.	13(7)	<p>The registered persons must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients/residents and staff by:</p> <p>ensuring that</p> <ul style="list-style-type: none"> <li>• wall and paint damage is effectively addressed</li> <li>• pull cords in bathrooms and sluices are covered with wipeable covering</li> <li>• items stored within the sluice areas are removed to minimise contamination risks.</li> </ul> <p><b>Ref: Previous report</b></p>	<p>These issues had been effectively addressed except for the wipeable covers required for the pull cords.</p> <p>This element of the requirement has been stated for the second time.</p>	Substantially compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken – As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.2	<p>It is recommended that there is a more consistent and systematic approach to the overall auditing processes within the home.</p> <p><b>Ref: Previous report</b></p>	<p>The inspector saw evidence of recent audit activity for October but this was not yet evidenced to be consistent.</p> <p>This recommendation has been stated for the second time.</p>	Moving towards compliance
2.	25.11	<p>The policy and procedure on auditing of working practices is in place though further development of the policy continues to be necessary.</p> <p><b>Ref: Previous report</b></p>	<p>This policy could not be located on the day of inspection.</p> <p>This recommendation has been made for a fourth time and compliance has not been achieved.</p> <p>This recommendation has therefore been stated as a requirement.</p>	Moving towards compliance
3.	25.12	<p>It is recommended that dates and times of unannounced visits are varied to ensure an overview of the service provision.</p> <p>Information to indicate how monthly reports can be accessed by patients, residents and or their representatives should be provided</p> <p><b>Ref: Previous report</b></p>	<p>It could be evidenced that the dates and times of unannounced visits were being varied.</p> <p>However, it could not be evidenced that information was available to patients, residents and/or their representatives on how to access the reports.</p> <p>This element of the recommendation has been stated for a second time.</p>	Moving towards compliance

4.	25.13	<p>It is recommended that the annual quality report is developed to include the following:</p> <ul style="list-style-type: none"> <li>• training undertaken by staff in the home over the previous 12 months</li> <li>• patient/resident forums or meetings including action plans which are devised to address any area for improvement</li> <li>• improvements planned for 2013 and 2014.</li> <li>• the process in place to evidence that a copy of the annual quality report is made available to patients/residents and or their representative in a suitable format.</li> </ul> <p><b>Ref: Previous report</b></p>	<p>The annual quality report could not be located on the day of inspection.</p> <p>A copy of the completed report should be forwarded to RQIA.</p> <p>This recommendation has been stated for the second time.</p>	Moving towards compliance
5.	26.1	<p>The registered provider should ensure that the policies and procedures in place in the home are dated, signed and ratified.</p> <p><b>Ref: Previous report</b></p>	<p>None of the policies sampled were dated, signed or ratified.</p> <p>This recommendation has been stated for a second time.</p>	Moving towards compliance

6.	16.2	<p>The registered persons must provide confirmation to RQIA that all staff have completed an induction and staff training has been provided on the role and function of the host trust in co-ordinating safeguarding investigations including allegations which are made against staff.</p> <p><b>Ref: Previous report</b></p>	<p>Records verified that all staff had completed an induction including training in safeguarding and information detailing the role and function of the host Trust. Registered staff were also aware of the Trust's role and function.</p> <p>This recommendation has been addressed.</p>	Compliant
7.	16.3 16.9	<p>The registered persons must provide confirmation to RQIA that one recently appointed registered nurse has completed safeguarding training</p> <p><b>Ref: Previous report</b></p>	<p>It could be evidenced that all care staff had up to date SOVA training, including a newly appointed deputy manager.</p> <p>This recommendation has been addressed.</p>	Compliant
8.	10.7	<p>The registered persons must ensure the restraint policy is further revised and ratified to reflect Human Rights Legislation, the recording of best interest decisions and the DHSSPS Deprivation of Liberty Safeguards, (DOLS).</p> <p>A copy of the revised/ratified policy should be submitted to RQIA.</p> <p><b>Ref: Previous report</b></p>	<p>The restraint policy had yet to be developed to reflect the Human rights legislation or DOLS safeguards.</p> <p>This recommendation has been stated for a second time.</p>	Moving towards compliance



9.	10.7	<p>The registered person must ensure that care records for patients using any equipment which restricts freedom of movement is robust and fully records the decision making process, including who was involved as well as information regarding the on-going arrangements for review.</p> <p><b>Ref: Previous report</b></p>	<p>Although assessments were being completed in relation to restrictive practices the decision making process was not be sufficiently evidenced in the care records.</p> <p>This recommendation has been stated for a second time.</p>	Moving towards compliance
10.	25.20	<p>The registered person must provide confirmation to RQIA that all staff employed by the home has received information on whistle-blowing.</p> <p><b>Ref: Previous report</b></p>	<p>From an examination of staff induction records and in discussion with staff it could be evidenced that information on whistle-blowing is being provided to staff.</p> <p>This recommendation has been addressed.</p>	Compliant
11.	5.5	<p>The registered persons must ensure that the home's policies and procedures pertaining to the prevention and management of pressure ulcers and wound care are updated to incorporate / reference the most recent evidence based literature.</p> <p><b>Ref: Previous report</b></p>	<p>This policy could not be located on the day of inspection.</p> <p>This recommendation has been stated for a second time.</p>	Moving towards compliance

12.	17.6	<p>The registered persons should ensure that when responding to complainants, processes are implemented to ascertain if the complainant is satisfied with the complaint investigative process and outcome. Information on the next steps to be taken should a complainant remain dissatisfied should also be provided.</p> <p><b>Ref: Previous report</b></p>	<p>A review of the complaints file evidenced appropriate follow up of complaints and that the complainant was satisfied with the outcome.</p> <p>The complaints procedure was on display in the reception area.</p> <p>The statement of purpose also included information on how to complain if they remained dissatisfied.</p> <p>This recommendation has been addressed.</p>	Complaint
13.	32.1	<p>The registered persons should provide confirmation that an</p> <ul style="list-style-type: none"> <li>• odour management issue in an identified empty bedroom has been addressed</li> <li>• the extractor fan in the smoke room has been cleaned.</li> </ul> <p><b>Ref: Previous report</b></p>	<p>No malodours were detected on the day of inspection and the smoke room extractor fan was found to be clean.</p> <p>This recommendation has been addressed.</p>	Compliant

**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 completed on the 2 October 2013, RQIA have been notified by the home of two ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. One SOVA investigation resulted from a concern raised by an ex-employee through RQIA duty system. The South Eastern Health and Social Care Trust safeguarding team are managing both SOVA issues under the regional adult protection policy/procedures. For further information refer to section 11.2 of the report.

RQIA is satisfied that the acting manager has dealt with both SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

RQIA are not part of the investigatory process. However, RQIA have been kept informed at all stages of the investigations by the home manager and the Trust.

**10.0 Inspection Findings**

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>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.</p>	
<b>Inspection Findings:</b>	
<p>Review of four patients’ electronic care records evidenced that bladder and bowel continence assessments were undertaken for all four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients’ care plans on continence care.</p> <p>However, in one record examined the patient’s assessment had not been updated to reflect the insertion of a urinary catheter. A previous requirement has been restated to ensure that assessments have been reviewed and updated for all patients.</p> <p>It could not be evidenced in three patients care records that continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. This record also failed to include a care plan for identified faecal incontinence. A requirement has been made.</p> <p>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 GPs as appropriate.</p> <p>From the records reviewed it could not be sufficiently evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A previous requirement in this regard has been stated for a second time.</p> <p>The care plans reviewed addressed the patients’ assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. Staff were also very knowledgeable about continence care</p>	<p>Moving towards compliance</p>

and identified important aspects such as privacy, dignity, respect, skin care and reporting concerns. Staff engaged in proactive rounding of patients to ensure continence needs were met.	
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**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 policy was in place;

- continence management

However, the policy needs to be signed, dated and ratified by the registered provider and a previous recommendation in this regard has been stated for a second time.

The inspector can also confirm that the following guideline documents were in place:

- RCN continence care guidelines

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

A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:

- 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

It was noted that the electronic records system linked to the Bristol stool chart and this was used daily to assess patients' bowel movements and identify any concerns promptly in accordance with evidence based guidelines.

Moving towards compliance

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

<p><b>Criterion Assessed:</b>                  19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Not applicable.</p>	<p align="center">Not applicable</p>
<p><b>Criterion Assessed:</b>                  19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b>                  Discussion with the registered manager and review of training records confirmed that the majority of staff were trained and assessed as competent in continence care. More training in continence care was planned for December. Discussion with the manager confirmed that registered nurses were competent in female and male catheterisation. However, there were currently no patients with indwelling catheters in the home. There are plans to appoint a continence link nurse for the home which will help to further improve continence care within the home.</p> <p>A recommendation had been made at the previous inspection that regular audits take place within the home and continence care should be included within this. This recommendation has been stated for the second time.</p>	<p align="center">Substantially compliant</p>

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p align="center"><b>Moving towards compliance</b></p>
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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**

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. As stated in section 9.1 the RQIA did receive a duty call from a concerned ex-employee. The opportunity was taken to discuss this with the acting manager and no concerns were identified on inspection in relation to the matters raised in the complaint. The safeguarding issues raised within the complaint are being investigated by the SEHSCT safeguarding team under the regional adult protection policy/procedures.

A complaints questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The complaints record was reviewed and discussed with the acting manager. 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 acting 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 registered manager, were appropriately registered with the NMC.



## 11.5 Patients/Residents and Relatives Comments

During the inspection the inspector spoke with eight patients/residents individually and with the majority of others in smaller groups. Patient spoken with and the questionnaire responses confirmed that patients were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living 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.

## 11.6 Questionnaire Findings / Staff Comments

The inspector spoke with seven staff individually including registered nurses and care assistants. Nine staff completed 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 that patients were afforded privacy, treated with dignity and respect and were provided with care based on their need and wishes. The inspector was particularly impressed by the dynamic activities programme run in the home. Both staff and patients commented positively in regards to this.

Examples of staff comments were as follows;

“I feel this is a very good care home.”

“This is a good home we work well as a team.”

“The residents are really well looked after.”

“It is a beautiful, clean home.”

“It is a good place to work.”

A visiting professional confirmed that staff were helpful and knowledgeable and that any patients/residents they visited were happy with the care they received and no concerns had been raised.

An examination of three weeks duty rota evidenced that staffing levels were within RQIA minimum staffing guidelines and that the manager was allocated management hours in order to fulfil her management role. At the time of the inspection a new deputy manager had been appointed, however the current acting manager highlighted her difficulties in recruiting registered nursing staff to the home. She also stated that the registered manager, Oonagh Fitzpatrick, had resigned on 11 November 2014 and that the position was being initially advertised internally. This was confirmed by Mr Micheal Rodgers in a telephone call and email to RQIA on 14 November 2014.

Following the inspection, Mr Rodgers confirmed with RQIA, the appointment of an acting manager, Mrs Mandy Lacey, from the 1 December 2014 and an application for registration has been submitted.

Given the continued difficulties with staffing and the shortfalls in the governance and quality arrangements within the home, including policies, care records and auditing processes, a recommendation has been made that the provision of sufficient management hours continues to be sustained.

## **11.7 Environment**

An inspection of the premises was undertaken and the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas were viewed. The home was comfortable and all areas were maintained to a high standard of hygiene and decor. A previous requirement in relation to the painting of walls and the cleaning of the extractor fan in the smoke room had been complied with. However, fully wipeable covers must be fitted to all light pull cords in the bathroom areas to enable effective cleaning. This element of the requirement has been stated for the second time.

## **11.8 Notifications**

The inspector reviewed notification sent to RQIA in accordance with Regulation 30 of The Nursing Home Regulations (Northern Ireland) 2005. There was evidence in the home's file that the RQIA had been appropriately notified. There were some discrepancies noted but this was most likely due to a delay in the processing of faxed notifications to RQIA for a period when the home were experiencing problems with their email system.

It was recommended to the acting manager that notifications be emailed to RQIA where possible in order for the notification receipt to be acknowledged and ensure currency. A requirement made at the past inspection was not restated as there was sufficient evidence of compliance in the records of the home.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Sue Sutcliffe, acting 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:

**Karen Scarlett**  
**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>	
<p><b>Criterion 5.1</b></p> <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> <p><b>Criterion 5.2</b></p> <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> <p><b>Criterion 8.1</b></p> <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> <p><b>Criterion 11.1</b></p> <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>
<p>when a patient is admitted to the home nurse will undertake an initial assessment using the twelve activities of daily living this including risk assessments undertaken and information supplied from the placing Health and Social Care Trust Crae Management team or hospital.</p> <p>The assessments of the patient care are carried out by the Primary Nurse within 11 days of being admitted to the home.</p> <p>As part of the assessment process the Malnutrition Universal Screening Tool is one of the assessment tools used, in addition to pressure ulcer risk assessments which includes nutritional, pain and continence assessment, together these along with the nurses professional judgement is used.</p>	<p>Substantially compliant</p>

**Section 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.**

**Criterion 5.3**

- 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.

**Criterion 11.2**

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

**Criterion 11.3**

- 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.

**Criterion 11.8**

- 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.

**Criterion 8.3**

- 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.

**Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16**

<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>Each patient within the home has a named or primary nurse allocated to them, who has the responsibility for discussing, planning and agreeing planned nursing interventions with relevant parties including the patient, next of kin as well as healthcare professionals with the aim to promote maximum independence.</p> <p>The nursing staff have in place the necessary referral arrangements with respect to tissue viability as well as other areas of expertise.</p> <p>If a patient is at risk of developing pressure ulcers this is documented and a prevention and treatment programme is drawn up in consultation with the relevant healthcare professionals.</p> <p>There is also dietician referral arrangements in place to assess individual nutritional requirements and develop a nutritional plan which is implemented and adhered to.</p>	<p>Substantially compliant</p>

<b>Section C</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 5.4</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> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) 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>
Care plans and risk assessments relating to the patient are re-assessed on an ongoing basis and no less than monthly with a full annual formal review undertaken annually with input from the patient, next of kin as well as associated healthcare professionals.	Substantially 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>	
<p><b>Criterion 5.5</b></p> <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> <p><b>Criterion 11.4</b></p> <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> <p><b>Criterion 8.4</b></p> <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> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</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>Any nursing intervention, activities and procedures are based upon best practice as well as associated research based and standard setting agencies and bodies, such as NICE etc.</p> <p>The home has in place a validated ulcer grading tool which is used to screen patients who have skin damage and an appropriate treatment plan is implemented.</p> <p>The home has in place up to date Nutritional Guidelines which staff are aware of and which is used on a daily basis.</p>	Substantially 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>Contemporaneous nursing records are maintained in accordance with the NMC guidelines with all interactions with the home's patient recorded including patient outcomes.</p> <p>The home retains detailed records of the meals provided so that they can be assessed with regards to whether the diet is satisfactory.</p> <p>Where patient's care plans requires or if a patient is unable to or refuses food or eats excessively this is recorded and who be highlighted to the Nursing Staff who would using their professional judgement make a referral to the appropriate healthcare professionals.</p>	Substantially compliant

<b>Section F</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 5.7</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>
Care outcome delivery is monitored and recorded using the home's computerised care system, it is subject to documented review when required or at set time intervals when it is reviewed and evaluated resulting in making appropriate adjustments if required in consultation with all relevant parties which include the patient, their next of kin as well as care manager and any other relevant healthcare professionals who may have an input into the patients care.	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>	
<p><b>Criterion 5.8</b></p> <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> <p><b>Criterion 5.9</b></p> <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> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</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>Where possible and where the patients are able they are encouraged to actively participate in all aspects of the process of reviewing their outcomes of care and attend the formal multidisciplinary care reviews. The results of the reviews and the minutes are circulated and if there are changes to the patients nursing care plan then these are agreed with all relevant parties so that everyone is aware of what has been agreed. There is ongoing informal updates by the nursing staff with patients and families as to the progress in relation to the goals set out.</p>	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>	
<p><b>Criterion 12.1</b></p> <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 dieticians and other professionals and disciplines.</li> </ul> <p><b>Criterion 12.3</b></p> <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> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</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>The home provides for its patients a very nutritious and wide ranging appetising menu of a rotating basis, the patients individual dietary needs and preferences are recorded by the home. In relation to menu planning the catering staff take into consideration the appropriate guidance documentation when undertaking new menu planning as well as involving input from the local dietician. The menu offers the patients each day including those who are on specific and therapeutic diets choice both at lunchtime as well as at afternoon tea.</p>	Substantially compliant

**Section I**

**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.**

**Criterion 8.6**

- **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.**

**Criterion 12.5**

- **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.**

**Criterion 12.10**

- **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:**
  - **risks when patients are eating and drinking are managed**
  - **required assistance is provided**
  - **necessary aids and equipment are available for use.**

**Criterion 11.7**

- **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.**

**Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**

<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>The Nurses in the home have received training with regards to the the various feeding techniques for patients especially those patients who have particular swallowing or feeding difficulties. Where patients have been identified as having feeding or swallowing difficulties there is consultation with the SALT team who draft a set of instructions which the nursing home follow.</p> <p>The timing of the homes meals is set at times which are convenient for the patients, there is also a range of hot and cold drinks available to patients at all times with fresh drinking water available on a 24 hr basis.</p> <p>The Nursing and Care staff employed by the home are made aware of any issues with regards to patients eating and drinking and the home has deployed in sufficient numbers staff to assist at meal times so that all risks are managed and minimised using the necessary aids and equipment as required.</p> <p>In relation to wound care staff have been trained and have the necessary expertise and skills in relation to woulnd care management, this includes knowledge of wound care products and have the ability to undertake wound dressing and documenting as well as liasing with and following instructions and directions given by the tissue viability nurse.</p>	<p>Substantially compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</b>	<b>COMPLIANCE LEVEL</b>
	<p>Substantially compliant</p>



## Quality Improvement Plan

### Unannounced Care Inspection

Slieve Dhu

13 November 2014

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 the acting manager during 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.



<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	20 (1)(c)(i)	<p>The registered persons must ensure that all staff in the home must be in receipt of up to date training in the prevention and control of infection.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Three	All staff have now completed training in the prevention and control of infection	From date of inspection
2.	15(2)(a)(b)	<p>The registered persons must ensure that all patient/resident assessments are consistently kept under review and updated to ensure assessment information/risk assessments are accurate in reflecting the individual needs of patients/residents.</p> <ul style="list-style-type: none"> <li>in addition patients' receiving regular prescribed analgesia including patients' with pressure ulcers/wounds must have a pain assessment in place.</li> </ul> <p><b>Ref: Section 9.0 and 10.0 of the report</b></p>	Two	All care plans are reviewed on a monthly basis and following a nurses meeting on 5 <sup>th</sup> December, this was highlighted to the nurses and they have been told to make sure all care plans are reviewed monthly or following any changes. They have also been informed that residents need to have analgesia care plans in place. The Registered Manager is in the process of reviewing the care plans within the home.	From date of inspection

3.	16(1)(2)(a-d)	<p>The registered persons must ensure that:</p> <ul style="list-style-type: none"> <li>• care plans consistently evidence input from the patient and or their nominated family representative</li> <li>• the daily evaluation notes require improvement to reflect the care and treatment provided</li> </ul> <p><b>Ref: Ref: Section 9.0 and 10.0 of the report</b></p>	Two	<p>There is an area in the ADL assessment which asks for confirmation of resident/family involvement. During the nurses meeting, this was highlighted and nurses are aware that this needs to be documented better.</p> <p>Nurses were also asked to ensure that daily notes were more detailed to reflect the care given.</p>	From date of inspection
4.	20(1)(c)(i)	<p>The registered persons must provide confirmation to RQIA that any nurse working in the home who undertakes wound care tasks has received the required training and has been assessed and deemed competent to perform wound care safely and effectively.</p> <p>In addition confirmation is required that all care staff has received training on pressure area care.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>The Registered Manager has been in contact with the Tissue Viability Nurse to arrange training for qualified staff. A programme of training has been commenced.</p> <p>The Registered Manager has organised pressure area care training to be given to care staff week commencing 12<sup>th</sup> January. Some staff have received training this year.</p>	From date of inspection

5.	13 (7)	<p>The registered persons must make suitable arrangements to minimise the risk of infections and toxic conditions and the spread of infection between patients/residents and staff by ensuring that</p> <ul style="list-style-type: none"> <li>• pull cords in bathrooms and sluices are covered with wipeable covering</li> </ul> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>Pull cords in bathrooms and sluice rooms have now been replaced with wipeable coverings.</p>	From date of inspection
6.	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision. This is in relation to the development of a policy/procedure on auditing of working practices.</p> <p><b>Ref: Section 9.0 of the report</b></p>	One	<p>There is now a Quality Assurance Policy in place which includes audits of working practices.</p> <p>Since September 2014 there have been monthly audits of medication, accidents, complaints, wound care and falls and quarterly infection control audits.</p>	From date of inspection

7.	16 (1); 16 (2) (b)	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> <li>• when a risk is identified in the risk assessments a corresponding care plan must be prepared as to how the patient's needs in respect of his health and welfare are to be met.</li> <li>• the patient's plan is kept under review</li> </ul> <p><b>Ref: Section 10.0 of report</b></p>	One	<p>This was also an issue raised at the nurses meeting held on 5<sup>th</sup> December. Nurses have been informed that these issues also need to be adhered to.</p>	From date of inspection
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<b>Recommendations</b>					
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.	25.2	It is recommended that there is a more consistent and systematic approach to the overall auditing processes within the home.  <b>Ref: Section 9.0 of the report</b>	Two	Since September, audits have been performed on a regular basis (either monthly or quarterly). Action plans are written up following each audit and any changes implemented. Audits will continue to be carried out on a monthly/quareterly basis as per the Quality Assurance Policy	From date of inspection
2.	25.12	Information to indicate how monthly reports can be accessed by patients, residents and or their representatives should be provided  <b>Ref: Section 9.0 of the report</b>	Two	There is to be a Resident/Relative meeting to be held on 24 <sup>th</sup> January 2015 were this will be highlighted to attendees. There is also a notice on the main noticeboard advising residents and their visitors of how this information can be viewed.	From date of inspection

3.	25.13	<p>It is recommended that the annual quality report is developed to include the following:</p> <ul style="list-style-type: none"> <li>• training undertaken by staff in the home over the previous 12 months</li> <li>• patient/resident forums or meetings including action plans which are devised to address any area for improvement</li> <li>• improvements planned for 2013 and 2014.</li> <li>• the process in place to evidence that a copy of the annual quality report is made available to patients/residents and or their representative in a suitable format.</li> </ul> <p>A copy of the report should be forwarded to RQIA on completion.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>The format and layout of the annual quality report has been reviewed and includes training undertaken, a summary of residents forums with outcomes, as well as planned improvements and process in place to evidence that a copy of the annual report has been made available.</p>	From date of inspection
4.	26.1	<p>The registered provider should ensure that the policies and procedures in place in the home are dated, signed and ratified.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>The Registered Manager is in the process of updating all the policies to reflect current guidelines and recommendations. The Registered Provider will sign and date these as they are implemented.</p>	From date of inspection

5.	10.7	<p>The registered persons must ensure the restraint policy is further revised and ratified to reflect Human Rights Legislation, the recording of best interest decisions and the DHSSPS Deprivation of Liberty Safeguards, (DOLS).</p> <p>A copy of the revised/ratified policy should be submitted to RQIA.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>There is now an updated policy on restraint within the home (same attached) reflecting current best practice guidelines.</p>	From date of inspection
6.	10.7	<p>The registered person must ensure that care records for patients using any equipment which restricts freedom of movement is robust and fully records the decision making process, including who was involved as well as information regarding the on-going arrangements for review.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>All residents who use bed rails or pressure mattress have a risk assessment and care plan in place which clearly records the decision making process and who was involved in making the decision. Each care plan also details how often these assessments and care plans should be reviewed.</p>	From date of inspection
7.	5.5	<p>The registered persons must ensure that the home's policies and procedures pertaining to the prevention and management of pressure ulcers and wound care are updated to incorporate / reference the most recent evidence based literature.</p> <p><b>Ref: Section 9.0 of the report</b></p>	Two	<p>The pressure ulcer and wound care policy has been updated to include best practice guidelines.</p>	From date of inspection

8.	30.7	<p>The registered person must continue to ensure that there are adequate, designated hours for the home manager to work in a management capacity in order to fulfil the roles and responsibilities of the manager.</p> <p><b>Ref: Section 9.0 and 11.6 of the report</b></p>	One	<p>The Registered Manager and Deputy Nurse Manager are currently receiving an appropriate amount of time to fulfil their management roles and responsibilities.</p>	<p>From date of inspection</p>
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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>	Mandy Lacey
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Michael Rogers

<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	Karen Scarlett	9/1/15
Further information requested from provider			