

# Unannounced Care Inspection Report 18 December 2017



## The Somme

**Type of Service: Nursing Home**  
**Address: 121 Circular Road, Belfast, BT4 2NA**  
**Tel no: 028 9076 3044**  
**Inspector: James Laverty**  
**Lay assessor: Clare Higgins**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which is registered to provide nursing care for up to 50 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Board of Directors  <b>Responsible Individual:</b> Charles Jonathan Kitson	<b>Registered Manager:</b> Leigh Patience
<b>Person in charge at the time of inspection:</b> Leigh Patience	<b>Date manager registered:</b> 29 June 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 50 comprising NH-I, NH-PH, NH-PH(E), NH-TI

### 4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 09.15 to 18.00. Ms Clare Higgins, lay assessor accompanied the inspector during the afternoon period of the inspection.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation promoting a culture of teamwork within the home; staff awareness relating to adult safeguarding and governance processes relating to staff recruitment and management.

Areas for improvement under regulation were identified in relation to care delivery and monthly monitoring visits. Areas for improvement under the standards were identified in respect of infection, prevention and control (IPC) practices and governance processes relating to quality assurance and care delivery.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

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

\*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Leigh Patience, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 1 November 2017

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 1 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection the inspector and lay assessor met with 11 patients, 10 staff and one patient's relative. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 4 to 15 December 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 1 November 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 30 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> Second time	The registered persons must ensure that all cleaning chemicals are labelled and securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment confirmed that all cleaning chemicals were labelled and securely stored in keeping with COSHH legislation to ensure that patients were protected from hazards to their health.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time	The registered persons must ensure that patients' care plans are written following admission and kept under review in a timely manner so that they accurately reflect patients' assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that care plans were written following admission and kept under review in a timely manner so that they accurately reflected patients' assessed needs.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> First time	The registered persons must ensure that the holistic assessment of patients' needs is carried out in a timely manner upon admission and revised at any time when it is necessary to do so.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that the holistic assessment of patients' needs was carried out in a timely manner upon admission and revised when necessary thereafter.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the dietary needs of patients (including any subsequent dietary changes) are communicated to kitchen staff in an effective and timely manner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records and discussion with the kitchen manager evidenced that the dietary needs of patients (including any subsequent dietary changes) were communicated to kitchen staff in an effective and timely manner.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 24</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that all complaints are recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records and discussion with the registered manager evidenced that all complaints were recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of monthly monitoring records and discussion with the registered manager highlighted that monthly quality monitoring visits were not being completed robustly in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. This is discussed further in section 6.7.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered persons should ensure that equipment is fit for purpose and cleaned effectively and regularly in keeping with best practice guidance in infection prevention and control.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that the infection prevention and control issues identified during the previous care inspection had been satisfactorily addressed. An area for improvement has been made in relation to other infection, prevention and control observations made during this inspection. Please refer to section 6.4 for further detail.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First/ time	The registered persons should ensure that menus are on display for patients in accordance with current best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed following the inspection that laminated menus are now on display for patients throughout the home.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered persons must ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> While discussion with the registered manager and a review of records evidenced that progress had been made in relation to the implementation of processes which focus on quality assuring service provision and care delivery, deficits were highlighted. This is discussed further in section 6.7.  This area for improvement has been partially met and has been stated for a second time.	



<b>Area for improvement 4</b> <b>Ref:</b> Standard 41.7 <b>Stated:</b> First time	The registered persons should ensure that a competency and capability assessment is carried out for any nurse in charge of the home in the absence of the manger.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of governance records confirmed that competency and capability assessments were carried out for any nurse in charge of the home in the absence of the registered manger.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 4 to 15 December 2017 evidenced that there were no occasions when planned staffing levels were not adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met using an online resource. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager further confirmed that an 'adult safeguarding champion' was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

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

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff evidenced that fire safety training had been embedded into practice.

Patients' bedrooms, dining rooms and the majority of lounges were found to be warm and comfortable. All patients' bedrooms were personalised with photographs, pictures and personal items. One communal area was observed being used inappropriately for storage. This was brought to the attention of the registered manager and it was stressed that all communal areas should be suitably maintained in order to ensure they meet the needs of patients and are suitable for the activities that take place in that room. The registered manager stated that the function of another entrance/reception area previously used during recent refurbishment works was being reviewed. This information was shared with the estates inspector and will be reviewed during future inspections.

Observation of one communal lounge and discussion with patients seated there highlighted that the nurse call system in that area was not accessible. This was highlighted to the registered manager and it was agreed that patients in all communal areas should have effective access to the nurse call system at all times.

Deficits were observed in relation to infection, prevention and control practices. One communal bathroom was found to have several items inappropriately stored behind a patient bath. Furthermore, paper signage which was unlaminated was observed in some patients' bedrooms and communal areas. These deficits were highlighted to the registered manager and satisfactorily addressed before the conclusion of the inspection. However, staff were also observed transporting lunch to patients' bedrooms after removing plate covers. In addition, unlabelled incontinence net pants were found to be stored for communal use in two storage rooms. This was highlighted to the registered manager and an area for improvement under the standards was stated.

Observation of three bedrooms within one wing also highlighted that patients' wardrobes had not been safely secured and fixed to the wall. This was discussed with both maintenance staff and the registered manager. The need to ensure that all furniture and fittings are safely secured was emphasised. The identified wardrobes were appropriately secured before the completion of the inspection. This information was shared with the estates inspector and will be reviewed during future inspections.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and governance processes relating to staff training and mentoring.

## Areas for improvement

An area for improvement under the standards was identified in relation to compliance with infection prevention and control practices.

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

### 6.5 Is care effective?

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. However, review of the care record for one patient evidenced that their care plans did not reflect the expressed wishes of both the patient and their next of kin in relation to potential hospital admissions. This was discussed with the patient's named nurse and the registered manager and it was agreed that patients' care records should clearly evidence such discussions and any associated agreements which result.

Weaknesses were identified in relation to the nutritional care of patients including the use of food and fluid intake records. Review of the care record for one patient who was assessed as being highly dependent and requiring assistance with eating and drinking evidenced that while their relevant nutritional care plan was person centred and reflected recommendations from the multiprofessional team, their supplementary food and fluid intake charts had not been completed in accordance with best practice guidance, care standards and legislative requirements. In addition, review of the care record for this patient also highlighted that their dietetic plan was not being adhered to and that nursing staff had not taken any actions to address this. It was also noted that handwritten and electronic records which were used simultaneously for recording the patient's weight were completed inconsistently resulting in the patient's nutritional assessment being inaccurate and a recorded weight loss not being addressed by nursing staff. The daily care record in relation to the patient's nutritional status was also found to be inaccurate.

These weaknesses were discussed with the registered manager who confirmed that a memo had been issued to staff on 29 November 2017 highlighting that supplementary records and

nutritional care was inadequate. An area for improvement under regulation was stated. Review of governance processes relating to the auditing of supplementary care records is discussed further in section 6.7.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the timely and holistic assessment of patients following admission.

**Areas for improvement**

An area for improvement under regulation was identified in relation to the delivery of care.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients’ varying care needs. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

- “I think the staff here are great.”
- “The nurses do a wonderful job.”
- “I wouldn’t be anywhere else. “

Furthermore, feedback received from patients’ relatives/representative during the inspection included the following comment:

“I think the care here is very good.”

Several staff spoke positively about the renewed sense of leadership which existed within the home since the appointment of the registered manager and the following comments were made by staff:

- “Leigh really listens; she’s a breath of fresh air.”
- “The new manager is great.”

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

At the time of writing this report no completed questionnaires were received within the specified timescales. All questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that the dining areas being used appeared to be clean, tidy and appropriately spacious for patients and staff. It was observed that one member of staff was engaged in a conversation unrelated to patient care with a colleague while assisting a patient with their lunch. This was discussed with the registered manager and the need to ensure that such care is delivered in a person centred and sensitive manner at all times was agreed.

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. It was observed in one dining area that a patient's confidential SALT recommendation was attached to a wall menu board in plain view. This was discussed with the registered manager and it was agreed that such records should be stored appropriately at all times.

All patients appeared content and relaxed during the provision of the lunch time meal. The use of plate covers is discussed further in section 6.4.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to awareness of and adherence to the dietary requirements and preferences of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff comments in relation to the registered manager are discussed in section 6.6.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. A review of records did highlight that one staff meeting had occurred at which staff signatures of attendance had not been obtained. This was discussed with the registered manager and it was agreed that such a record should be obtained at all staff meetings.

A recent application to vary the registration of the nursing home was submitted to RQIA. Details were discussed with the registered persons during this inspection to ensure that the home operated within its registered categories of care. It was agreed that the registered persons would confirm their final decision regarding the application to vary registration, in writing. This was received on 28 December 2017 by email from the registered manager.

The registered manager confirmed that the policies and procedures for the home were being systematically reviewed with a target of five to ten policies per month being updated. The registered manager stated that each new policy is then circulated to staff as appropriate after which staff must provide a signature indicating that they are familiar with the new policy.

Discussion with the registered manager and review of the home's complaints records evidenced that these had been responded to in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

Discussion with the registered manager further evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

A review of records and discussion with the registered manager evidenced that monthly monitoring reports were not completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Although some copies of the reports were available for patients, their representatives, staff and Trust representatives, there was no available record of the monthly monitoring visit for September and October 2017. Furthermore, the monthly monitoring record dated 22 and 30 November 2017 had no completed action plan or signature by the individual conducting the visit. This was highlighted to the registered manager and an area for improvement under regulation was stated for a second time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed by the registered manager in accordance with best practice guidance in relation to IPC; the environment of the home and accidents/incidents. Nevertheless, some weaknesses were highlighted in relation to these governance processes. For example, an audit of supplementary care records had been completed on 29 June 2017 which identified deficits and subsequently provided an action plan which had been addressed. A repeat of this audit then occurred on 10 October 2017 and no deficits were noted. However, a review of these supplementary care records during this inspection highlighted that staff were not completing them in accordance with best practice guidance, care standards and legislative requirements. This is discussed further in section 6.5. This shortfall was discussed with the registered manager and it was agreed that the auditing of supplementary care records should be conducted on an ongoing monthly basis in order to quality assure service delivery. An area for improvement under the standards was partially stated for a second time.

Staff who were spoken with did demonstrate an awareness of the importance of patient confidentiality. However, review of the environment did evidence that one patient record had not been stored securely in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. This is discussed further in section 6.6.

Staff recruitment information was available for inspection and records for one staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in regards to the management and support of staff.

### **Areas for improvement**

An area for improvement under regulation was stated for a second time in regards to monthly quality monitoring visits.

An area for improvement under the standards was stated for a second time in regards to governance processes relating to quality assurance and the delivery of care.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leigh Patience, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.</p> <p><b>Ref: Section 6.4</b></p> <p><b>Response by registered person detailing the actions taken:</b> This has been highlighted again with board members carrying out monthly regulation 29 visits and will be discussed at the next Board meeting scheduled in January 2018. A consistent panel of board members have been allocated to this task and coaching in how to complete the report has been provided by the registered manager. Full guidance has also been downloaded from the RQIA portal and passed to board members for reference. Monthly action plans within the report are being compiled with help from the registered manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b),</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure the following in relation to the provision and delivery of nutritional care:</p> <ul style="list-style-type: none"> <li>• that food and fluid intake records are completed contemporaneously, accurately and consistently by staff,</li> <li>• that patients' weights are recorded contemporaneously, accurately and consistently by staff,</li> <li>• that nutritional assessments are completed accurately and with appropriate action being taken by nursing staff in response to the outcome of such assessments,</li> <li>• that staff provide nutritional care in compliance with all recommendations made by the multiprofessional care team,</li> <li>• that daily nursing records accurately reflect the nutritional status of patients.</li> </ul> <p><b>Ref: Section 6.5</b></p> <p><b>Response by registered person detailing the actions taken:</b> Following a staff meeting it was decided that all records will be completed as paper versions rather than on the computer to prevent duplicate or missed information in specific areas. Staff have been instructed to refresh their knowledge with the 2014 nutritional guidance under recorded supervision. Food and fluid charts are being reviewed by registered nurses at the end of each shift and care plans are being updated accordingly with GP intervention being sought as required. Registered manager is carrying out weekly audits of all food and fluid intake charts with action plans being produced and discussed with nursing staff as required. Evidence of audits are available within each individual resident records on the epi care system.</p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> 15 January 2018	<p>The registered persons shall ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice, specifically in relation to auditing supplementary care records.</p> <p><b>Ref: Section 6.7</b></p>
	<p><b>Response by registered person detailing the actions taken:</b>            As previous with action plans being formulated and discussed with nursing staff on a weekly basis. Regular Monday morning meetings also take place with senior staff and management to discuss any issues in relation to documentation and outcomes from meetings are then discussed with other staff in relation to plans moving forward.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p><b>Ref: Section 6.4.</b></p>
<p><b>To be completed by:</b> 15 January 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> This was rectified at the time of the inspection with items stored in the bathroom removed and stored correctly and all paper signage was also removed at that time. Although spare net pants were clean and laundered due to them being unlabelled, these were also disposed of at that time. All net pants in use have now been individually labelled with resident names and are returned to bedrooms appropriately. Staff have also been advised to leave plate covers in place when lifting meals from the hot trolley until they are in front of residents sitting at the tables</p>

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



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