Unannounced Care Inspection Report
30 May 2017

The Somme

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

1.0 Summary

An unannounced care inspection of The Somme took place on 30 May 2017 from 09.20 to 17.45 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The 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 the patients were met. All staff spoken with were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Shortfalls were identified in relation to the storage of chemicals which were not stored in adherence with Control of Substances Hazardous to Health (COSHH) Regulations. Deficits with regards to compliance with infection prevention and control (IPC) measures were also observed.

One requirement and one recommendation have been made to ensure compliance and drive improvements. The requirement has been stated for a second time.

Is care effective?

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 members of the multidisciplinary team such as G.P.s, dieticians and speech and language therapists (SALT). However, weaknesses were identified in relation to the provision and review of care plans which prescribed nursing care for patients. Deficits were further evidenced concerning the assessment of patients' care needs following their admission. Shortfalls were also identified in relation to the communication of the nutritional needs of patients between nursing and kitchen staff.

Three requirements were made to ensure compliance and drive improvements.

Is care compassionate?

The interpersonal contact between staff and patients was observed to be compassionate, caring and timely. Patients were largely afforded choice, privacy, dignity and respect. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. 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. Deficits were noted concerning a lack of consultation with patients and relatives regarding the formulation of menus along with the absence of suitable menus being placed on display within the home.

Two recommendations were stated.

Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There were also some systems in place to monitor and report on the quality of nursing and other services provided.

Shortfalls were identified in regards to maintaining a robust system of audits which would help to ensure that the home delivers services safely and effectively in accordance with legislative requirements, minimum standards and current best practice.

Deficits were also identified concerning the management of complaints in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Shortfalls were identified concerning monthly quality monitoring visits along with deficits in relation to documenting the competency and capability of the nurse in the charge.

Two requirements and two recommendations were made to ensure compliance and drive improvements.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6*	5

*The total number of requirements and recommendations includes one requirement which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Leigh Patience, manager, and Mr Jonathan Kitson, responsible person 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 16 March 2017 due to the building of 11 new bedrooms and the removal of two existing bedrooms. These planned works included the building of a new wing named ‘Eakins Wing’ in which the new bedrooms are situated. An additional patients’ lounge and courtyard were also created although work to the new courtyard remains ongoing. Prior to that inspection a care inspection was also conducted on 7 December 2016. Other than those actions detailed in the QIPs arising from both of these inspections there were no further actions required to be taken. Enforcement action did not result from the findings of these inspections.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Board of Directors Charles Jonathan Kitson	**Registered manager:** See box below
Person in charge of the home at the time of inspection: Leigh Patience	**Date manager registered:** Leigh Patience – registration pending
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 50

3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from previous care inspections
- the previous pre-registration care inspection report and previous care inspection report
- pre-inspection audit

During the inspection we met with 11 patients, three relatives, two registered nurses, three care staff, three ancillary staff and one catering staff.

A poster indicating that the inspection was taking place was displayed in the temporary entrance to the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Ten patient representative, 10 staff and eight patient questionnaires were left for completion.

The following information was examined during the inspection:

- six patients' care records
- one patient's supplementary care record
- staff duty rotas for the period 22 May to 4 June 2017
- staff training records
- accident and incident reports
- a selection of audit records

- minutes of staff meetings
- minutes of patients/relatives meetings
- induction and orientation records for agency registered nurses
- monthly quality monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 March 2017

The most recent inspection of the home was an announced pre-registration care inspection. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

4.2 Review of requirements and recommendations from the last care inspections dated 7 December 2016 and 16 March 2017

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 43 **Stated:** First time	The registered person should ensure that appropriate signage is in place on all bedroom doors to help orientate patients and ensure that the environment is suited to the needs of patients.	**Met**
	Action taken as confirmed during the inspection: Observation of all the bedroom doors within the new Eakin wing evidenced that appropriate signage was in place.	
Recommendation 2 **Ref**: Standard 6 **Stated:** First time	The registered person should ensure that appropriate screening is in place within the temporary reception / lounge area in order to ensure the privacy and dignity of any patients admitted into the Eakins Wing.	**Met**
	Action taken as confirmed during the inspection: Observation of the temporary entrance into the home confirmed that screening was in place which adequately promoted the privacy and dignity of patients within the Eakin wing.	

Quality Improvement Plan - 7 December 2016 care inspection		
Statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 20 (c) (i) **Stated:** Second time	The registered persons must ensure that they attend training on adult safeguarding.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that she had attended safeguarding training in October 2016. The manager confirmed that the responsible person, Mr Jonathan Kitson had also attended this training.	
Requirement 2 **Ref:** Regulation 13 (1) (a) **Stated:** Second time	The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager and a review of electronic care records (including supplementary care records) for one patient evidenced that the patient's daily fluid intake was transcribed accurately into the daily nursing notes along with a record of any subsequent actions taken by nursing staff, where appropriate.	
Requirement 3 **Ref:** Regulation 14 (5) **Stated:** First time	The registered persons must ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and that there are exceptional circumstances. Records pertaining to the use of lap belts must include the relevant risk assessment, care plan and evidence of regular release and reposition.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager confirmed that no patients currently required any form of restraint within the home. A review of electronic care records for one patient who had recently required the use of a lap belt as a form of restraint in order to promote their safety evidenced that appropriate care planning was in place and that the measure was both risk assessed and proportionate. Records also indicated the specific times when the lap belt should be used and released.	

Requirement 4 **Ref:** Regulation 14 (2) (c) **Stated:** First 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.	**Partially met**
	Action taken as confirmed during the inspection: Observation of the home environment and discussion with the manager and domestic staff confirmed that all cleaning chemicals were appropriately labelled. A domestic store was found to be unlocked in which two domestic trolleys were located along with an array of cleaning chemicals. Consequently, such cleaning chemicals were not stored securely and therefore posed a potential risk to patients. As such, this requirement has not been fully met and is stated for a second time. Please refer to section 4.3 for further detail.	
Recommendations		
Recommendation 1 **Ref**: Standard 39.4 **Stated:** Second time	The registered persons should update registered nurses on person centred care planning / nursing process through training or other means. Records of this should be retained.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager/nursing staff and a review of training records confirmed that nursing staff had attended 'Person centred care planning' training in February 2017 and that further nurse training has been scheduled in September 2017 pertaining to record keeping; patient consent and nursing practice.	
Recommendation 2 **Ref**: Standard 23 **Stated:** First time	The registered persons should ensure that records are maintained, in respect of wound dressing changes, to ensure that the records evidentially reflect the prescribed treatment plan.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager/nursing staff and a review of electronic care records for one patient evidenced that accurate records were maintained in relation to wound care and that appropriate care plans were in place which gave clear direction as to the frequency and dressing requirements of the wound care regimen.	

Recommendation 3 **Ref**: Standard 35.1 **Stated:** First time	The registered persons should ensure that patients' end of life care needs are assessed and reviewed on an ongoing basis and documented in their care plan.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager/deputy manager and a review of electronic care records evidenced that patients' end of life care needs were assessed and reviewed regularly as part of the care planning process.	**Met**
Recommendation 4 **Ref**: Standard 46.2 **Stated:** First time	The registered persons should ensure that personal protective equipment is appropriately stored, to ensure compliance with best practice in infection prevention and control within the home.	
	Action taken as confirmed during the inspection: Observation of the home initially identified a number of areas in which aprons and gloves were left on top of hand rails along corridors in addition to wall mounted holders containing such equipment. This was discussed with the manager and the importance of adhering to infection control best practice and embedding it into practice was stressed. Any areas in which such equipment was inappropriately stored was addressed on the day of inspection.	**Met**

4.3 Is care safe?

The manager confirmed the planned daily staffing levels throughout the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 22 May to 4 June 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and a majority of relatives confirmed that they had no concerns regarding staffing levels.

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

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Staff also demonstrated awareness of the various forms of abuse and how these might be recognised.

During the inspection it was observed that planned environmental improvements to the home were ongoing. A temporary entrance adjacent to the new Eakin wing remains the main point of access and egress for patients and visitors. The manager confirmed that completion of all building and renovation works including the creation of an enclosed courtyard along with an area of new parking and exterior lighting/landscaping is expected in October 2017. The impact of these ongoing works should be reviewed on a daily basis by the manager so as to ensure a safe environment at all times. No patients or relatives spoken with expressed any negative comments concerning the ongoing works.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. These areas were found to be well decorated, warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Weaknesses were identified in relation to infection control within the home. The underside of a wall mounted paper towel dispenser in a communal bathroom and the underside of a hand gel dispenser in a communal toilet area were not effectively cleaned. A number of bedrooms throughout the home and one communal lounge area were also observed to contain bins for patients and staff to use which had no lids and as such failed to comply with best practice for infection control. This was discussed with the manager and responsible person who agreed to review the use of such equipment. In addition, a wood cabinet within the Liddell wing which was used to store patients' nutritional supplements was also found to have damaged surfaces which exposed underlying wood and could not be effectively cleaned. This consequently impacted the ability of staff to maintain effective infection control measures. A recommendation was made. The ceiling in one patient bedroom was also observed to be stained following a reported water leak. The manager confirmed that maintenance work to repair the damage was already scheduled. This will be reviewed at a future inspection.

A deficit was also identified in relation to a storage area used by domestic staff where patients could potentially have had access to harmful chemicals. This was discussed with the manager and a requirement was stated for a second time to ensure COSHH regulations were adhered to. This was addressed on the day of inspection.

Fire exits and corridors were observed to be clear of clutter and any obstruction.

Some members of staff spoken with did express concern that they are expected to carry clinical waste bags through communal patient areas. These concerns were shared with the manager who agreed to address this by exploring the possibility of providing care staff with a trolley bin which will assist them and also reduce any undesirable impact on patients when waste is being disposed of.

Areas for improvement

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.

Number of requirements	0	**Number of recommendations**	1

4.4 Is care effective?

Care records were maintained on an electronic system. A review of six patients' care records was undertaken. 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, dieticians and SALT.

Nursing staff were aware of the local referral processes which facilitated their access to other relevant professionals including GPs, SALT, dieticians and tissue viability nurse (TVN) services. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patients' record.

Discussion with nursing staff and a review of nursing records also evidenced that nursing staff assessed, planned, implemented and evaluated care in accordance with the Nursing and Midwifery Council (NMC) guidelines.

Weaknesses were observed in regards to the timely provision of patients' care plans following admission. For example, the care records for one patient evidenced that only two care plans had been written five days following admission despite a rage of risk assessments completed on the day of admission which identified several nursing needs. Deficits were further identified within the care records for a second patient who had been admitted previously within the home. Nursing staff were using two care plans from the patient's previous period of admission with no evidence to indicate that these care needs had been reassessed upon admission and that such care plans remained an accurate reflection of assessed need. Two requirements have been made.

Shortfalls were also identified during discussions with kitchen staff and a review of the records which they refer to. It was observed that kitchen staff possessed no up to date information in relation to patients modified dietary needs. A requirement was made.

Furthermore, it was also highlighted that although a new four week menu plan for patients was being created by the current catering provider within the home there was no evidence of any consultation with either patients or their representatives during the process. This matter is addressed further in section 4.5.

Areas for improvement

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.

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.

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.

Number of requirements	3	**Number of recommendations**	0

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"…nurses are lovely."
"Nurses are very good and thoughtful."
"It's a great place."
"Could not be better."

Staff spoken with demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

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

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

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients requesting feedback on the services provided. At the time of writing this report three patient and four relative questionnaires had been returned and evidenced a high level of satisfaction with the quality of care provided within the home. Respondents' answers ranged from 'very satisfied' to 'satisfied' when asked if they considered the care to be safe, effective, compassionate and well led. All additional comments received in the returned questionnaires were shared with the manager following the inspection.

Feedback received from a number of relatives during the inspection included the following comments:

"…could do with more staff."
"We are very happy."
"Food seems dead on."

Observation of the lunch time meal highlighted the lack of any appropriate menus for patients to refer to. This was discussed with the manager and a recommendation was made. Furthermore, during the provision of lunch to patients in a communal lounge, a nurse was observed carrying out a clinical procedure with a patient who was waiting to be served alongside other patients. This was discussed with the manager and the importance of carrying out such procedures in a more suitable manner so as to safeguard the privacy and dignity of patients was emphasised.

As highlighted in section 4.4, discussions with the manager and kitchen staff identified deficits in relation to the lack of an effective strategy to facilitate patient/relative input into the design and content of menus. There was also no evidence to indicate that patients/relatives were afforded the opportunity to provide feedback on issues such as choice, quality, quantity and frequency of meals/refreshments. A recommendation was made.

Areas for improvement

The registered persons should ensure that menus are on display for patients in accordance with current best practice guidance.

The registered person should ensure that an effective strategy is in place to ensure that patients/relatives are enabled to provide input into the creation and review of menus and also provide feedback in relation to the choice, quality, quantity and frequency of meals and refreshments.

Number of requirements	0	**Number of recommendations**	2

4.6 Is the service well led?

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager also confirmed that the home was operating within its registered categories of care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Discussions with staff confirmed that they felt supported by the new manager and feedback received from a number of staff during the inspection included the following comments:

“I love it here.”
“Training is good.”
“I’m well supported.”
“Staff are very busy.”

At the previous care inspection on 07 December 2016 the responsible person had outlined plans for a sub-committee, supported by human resources to be tasked with seeking local resolution to ongoing employee-management issues. On the day of this inspection it was noted that the manager was facilitating a meeting between staff and an independent human resources consultant as part of an ongoing process to promote an effective working relationship between staff and management of the home. Feedback from staff during the inspection highlighted a sense of support from, and confidence in the new manager. Both the manager and responsible person confirmed that it is the manager’s intention to proceed with the current application to become registered with RQIA.

The manager also confirmed that the deployment of staff throughout the home was currently under review in an effort to improve the delivery of care to patients. This was commented upon by a number of staff who considered this to be a positive development and one which would enhance the quality of care to patients.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Confirmation from the manager and a review of records evidenced that there was a monthly audit of staff registrations with both the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and a review of records highlighted a deficit with regards to several quality monitoring processes within the nursing home. This was discussed with both the manager and responsible person who stated that while they remained confident that such processes had previously been in place and adhered to, such records could not be found. The manager and responsible person stated that this may have been as a result of recent changes in management of the home. While previous care inspections would indicate that various quality assurance systems had previously been in place it was stressed to both the manager and responsible person that maintaining such records is essential. Discussion with the manager confirmed that new record keeping relating to quality assurance systems were being put in place and these will be reviewed during future care inspections. Areas in which weaknesses relating to quality assurance systems were found are discussed below.

Although an infection control audit had been completed by the manager on 25 May 2017, there were no available records confirming that other areas of service delivery had been audited such as wound care, care records and falls management.

Following discussion with the manager and responsible person, a deficit was also highlighted in relation to the lack of an annual quality report being completed for 2016, in accordance with Regulation 17, of The Nursing Homes Regulations (Northern Ireland) 2005.

Shortfalls were also noted in regards to the regular supervision and appraisal of staff. Although all staff spoken with stated that they felt well supported in their role by the new manager, discussion with the manager and review of existing records evidenced that no staff appraisal records were available. Supervision records which were completed in 2015 were the only records available. Discussion with the manager and a review of records did evidence that a system was now in place to ensure that staff received necessary supervision and appraisals.

A review of records evidenced that monthly quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the majority of reports were available for patients, their representatives, staff and trust representatives. Nevertheless, upon reviewing such records it was evident that several areas within the documentation being used were not fully completed. There was also an inconsistent use of action plans to address any areas for improvement. Consequently, a requirement has been stated.

Deficits were also highlighted in relation to the systematic review of relevant policies and procedures which direct the quality of care and services. Although discussion with the manager confirmed that a number of policies had not been reviewed for more than three years it was confirmed that the manager had established a programme to ensure that all policies and procedures are reviewed in a timely manner.

While the complaints policy was on display in the temporary entrance to the home, it did not contain all the required information in compliance with DHSSPS Care Standards for Nursing Homes 2015. This matter was discussed with the manager and has since been satisfactorily addressed following the inspection. Although patients and relatives who were spoken with expressed confidence that any concerns they may raise would be addressed, discussion with the manager highlighted that there was no available complaints record in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. A requirement was stated.

Weaknesses were also identified in relation to the lack of minutes arising from staff and patient/relatives' meetings. Although discussion with the manager and a review of records confirmed that a general staff meeting had occurred on 16 May 2017 and a residents/relatives meeting had taken place on 18 May 2017, there were no minutes available from any previous meetings. The importance of retaining such records was highlighted to the manager.

A weakness was further highlighted with regards to the lack of any records evidencing that registered nurses had undergone a competency and capability assessment in order to be in charge of the home in the absence of the manage. A recommendation was made.

A review of a sample of selection and recruitment records also highlighted weaknesses with regards to meeting all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005. The records for one member of staff recently employed within the home showed no evidence of any referral being made to NISCC in order to ensure that the staff member was appropriately registered. While the deadline for making such a referral had not been exceeded, the importance of making such a referral in a timely manner was stressed.

Areas for improvement

The registered persons should 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.

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.

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.

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.

Number of requirements	2	**Number of recommendations**	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leigh Patience, manager, and Jonathan Kitson, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Web Portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref: Regulation 14 (2) (c)** **Stated:** Second time **To be completed by:** 30 May 2017	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. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Domestic staff have been instructed to ensure that all store cupboards containing cleaning materials are kept locked at all times
Requirement 2 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Named nurse for the Home has been updated and care plan evaluation and audit process has commenced to ensure all areas of care planning are kept up to date
Requirement 3 **Ref:** Regulation 15 (2) (a) (b) **Stated:** First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Previous information for all recurrent respite admissions is reviewed upon each admission and an update of needs conducted for a resident upon each readmission to the Home.
Requirement 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 30 May 2017	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. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Dietary notification forms for all residents have been completed (copy kept in resident file and copy in kitchen). Nursing staff are aware to evaluate all forms monthly and provide interim dietary updates for any changes should they arise.

Requirement 5 **Ref:** Regulation 24 **Stated:** First time **To be completed by:** 30 May 2017	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. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Complaints file has been commenced with monthly audit and evaluation also commenced. Complaints policy and procedure has also been updated.
Requirement 6 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: .New Regulation 29 template has been distributed to Board members in line with requirements and training will be provided into the correct completion of these forms along with action plan formulation.
Recommendations	
Recommendation 1 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Equipment cleaning schedules have been updated and discussed at recent staff meetings. This is also included within Manager's quarterly infection control report as well as random environmental spot checks of the Home. Both are documented highlighting any action to be taken and time scales to complete.
Recommendation 2 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 27 June 2017	The registered persons should ensure that menus are on display for patients in accordance with current best practice guidance. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: Current catering provider has been contacted and new menus are currently under revision. The Home Manager will source white boards as a temporary measure to display daily menus in dining areas until new menus for tables have been finalised.

Recommendation 3 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 27 June 2017	The registered person should ensure that an effective strategy is in place to ensure that patients/relatives are enabled to provide input into the creation/review of menus and also provide feedback in relation to the choice, quality, quantity and frequency of meals/refreshments. **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: A programme is in place to establish, where possible, individual tastes and preferences. Resident/relative surveys to evidence specific meal preferences and requests have been distributed. Feedback from these will be discussed with the catering provider for inclusion in menus
Recommendation 4 **Ref:** Standard 35 **Stated**: First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Audits have been commenced in line with requirements and can be evidenced as either complete or work in progress. These are to be discussed with all staff over the next few weeks at team and staff meetings
Recommendation 5 **Ref**: Standard 41.7 **Stated:** First time **To be completed by:** 27 June 2017	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. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: Previous assessments are in place for all staff in the Home but updates are required. Home Manager is updating all competency assessments so they are reflective of current legislation and best practice guidance. Nurse in charge of the Home has been commenced with all Registered Nursing Staff

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