



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Tudordale**

**3 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 3 February 2016 from 09.45 to 15.00.

The focus of this inspection was to determine what progress had been made in addressing the requirements and recommendations made during the previous care inspection on 3 June 2015, to re-assess the homes level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes 2015.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 3 June 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1*	5*

\*The total number of requirements and/or recommendations include, 1 requirement and 1 recommendation stated for the second time

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Rosendo Soriano, Home Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Rosendo Soriano
<b>Person in Charge of the Home at the Time of Inspection:</b> Rosendo Soriano	<b>Date Manager Registered:</b> Rosendo Soriano- application received and registration is pending.
<b>Categories of Care:</b> NH-DE	<b>Number of Registered Places:</b> 45
<b>Number of Patients Accommodated on Day of Inspection:</b> 45	<b>Weekly Tariff at Time of Inspection:</b> £593 - £618 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine the level of compliance attained.

## 4. Methods/Process

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

- discussion with the home manager
- discussion with the registered nurses
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 10 patients individually and with others in smaller groups; three care staff, two registered nurses and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 3 June 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
  - restrictive practice
- staff training records

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 3 June 2015. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients in relation to the following:</p> <ul style="list-style-type: none"> <li>Wound care management must be in accordance with best practice guidelines and evidence present that monitoring of wound management care plans and associated documentation takes place.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of wound care documentation evidenced that procedures undertaken by registered nurses was in accordance with best practice guidance and professional standards.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person is required to ensure that the use of any restrictive practice is in accordance with departmental and best practice guidance.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>During the tour of the premises aspects of restrictive practice were observed. These included specialised seating and specialised seating being in the 'tilt' position. Discussion with staff did not confirm the rationale for the use of the specialised equipment was in accordance with professional standards and best practice guidance. This requirement is stated for a second time.</p>	

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients in relation to the following:</p> <ul style="list-style-type: none"> <li>• Recommendations made by specialist health care professionals must be adhered to and evidence should be present in individuals care plans that the recommendations have been incorporated into the plan/s of care</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The review of patient care records evidenced that the recommendations of health care professionals had been incorporated in to the relevant care plans and adhered to. The recommendations viewed were from the speech and language therapist and the tissue viability nurse specialist.</p>		
<b>Last Care Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 33.3</p> <p><b>Stated:</b> First time</p>	<p>The review of 'do not attempt resuscitation' directives in nursing care records is in accordance with Resuscitation Council (UK) guidelines</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Do not attempt resuscitation directives were reviewed in care records. Evidence was present that the order was being monitored on a monthly basis by nursing staff when evaluating patients' wellbeing. Directives were also being reviewed by general practitioners on an annual basis or as and when a patient's state of health and wellbeing changed.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>Staff should be appropriately trained to ensure they have the knowledge and skills to deliver person centred end of life care.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Training records evidenced 21 nursing and care staff had completed training on palliative and end of life care between July 2015 and January 2016.</p>		

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p>	<p>A system should be implemented to evidence and validate staffs' knowledge of the policies and procedures, newly issued by the organisation, in respect of communicating effectively and palliative and end of life care.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Evidence was present that management had implemented a system to confirm staff had read policy documentation on communicating effectively and palliative and end of life care. The organisations policy documentation had been read by 22 nursing and care staff.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 18.10</p> <p><b>Stated:</b> First time</p>	<p>Staff should be appropriately trained to ensure they have the knowledge and skills in relation to the use of restrictive practice/s.</p>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Training records confirmed staff had completed deprivation of liberty training however, due to the concerns regarding the use of specialised seating evidence was not present that the knowledge gained through training had been embedded into practice. This recommendation is stated for a second time.</p>		

### 5.3 Additional Areas Examined

#### 5.3.1 Restrictive Practice

Specialised seating was observed to be in use for some patients, this included the use of kirton chairs. Discussion with staff did not confirm that staff were aware of the reason why the kirton chair was being used. A review of the patient's care records did not evidence the rationale for the use of the specialised seating. The use of specialised seating should be in conjunction with the advice and/or consultation with the multidisciplinary team. Specialised seating should be specific to the needs of the individual and not become part of the home's everyday furniture.

A patient was observed sitting in a specialised chair which was in the 'tilted' position. Staff stated this was because the patient frequently tried to get up from the chair and was at risk of falling. The review of the patient's care records did not evidence that advice had been sought from the relevant health professional/s regarding the risk of falling, the chair being in a tilted position or whether the guidelines for the use of a restrictive practice had been adhered to and were evident in the care planning process. A requirement and recommendation in respect of restrictive practice have been stated for a second time in this report.

### 5.3.2 Care Practice

During a tour of the building, patients were observed to be generally well presented in that their clothing was suitable for the season. However, greater attention requires to be given to the presentation of patients' clothing as the clothing observed did not appear to have been ironed. This was discussed with the laundress who stated clothing was ironed when she was on duty. The laundress stated the laundry hours were divided between three members of staff. The home manager was advised to ensure all staff who work in the laundry are informed that patients' clothing should be ironed prior to being returned to patients' wardrobes.

The personal care needs of patients by staff were observed to require greater attention. Five male patients were in evident need of a shave. Staff informed that another patient was growing a beard at the next of kin's request. Patients' glasses were also in need of cleaning. Ladies hair did not look as though it had been combed and this did not enhance the appearance of some patients. It is the responsibility of all staff to ensure the personal care needs of patients is maintained to a high standard, at all times. A recommendation has been made.

### 5.3.3 Dementia Care Practice

Breakfast was being served at the start of the inspection and the midday meal service was also observed. The arrangements for mealtimes were discussed with the manager. A number of patients remained in their bedrooms at mealtimes. Meals were taken to a number of patients however staff did not remain to assist the patient with their meal. It was a significant period of time before staff had time to assist these patients and the meal had cooled. Staff should also be reminded that all meals should be transported to patients on a tray and remained covered until the point of service. The manager was also advised to remind staff they should be seated when assisting a patient with their meal. A recommendation has been made in regarding meals and mealtimes.

### 5.3.4 The Environment

A good standard of cleanliness and hygiene was evident in the home. There were no malodours and housekeeping staff were diligent in their approach to work. Two issues arose as a result of a tour of the premises and a recommendation has been made made.

The issues were as follows:

- The door into the kitchen from the service corridor did not close properly. The manager was advised that as the door was signposted as being a fire door, it should be repaired to enable it to close properly. Due to the door not closing, a significant build-up of dust was in evidence on a kitchen wall. This was discussed with the chef who stated the area would be cleaned immediately. It was verified at the conclusion of the inspection that the identified area had been cleaned.
- Two baths showed evidence of significant wear and tear, the enamel on the bath had been 'scored' from the use of the hoist. These were identified to the manager. The baths should be made good as in their current state they do not adhere to infection prevention and control guidelines.

Audits of the environment, cleanliness and hygiene and/or infection prevention and control should have identified these areas. A recommendation has been made that the quality auditing of the home is robust and where shortfalls have been identified the remedial action to address the shortfalls are stated.

### Areas for Improvement

A requirement and recommendation regarding restrictive practice have been stated for a second time.

A recommendation has been made in relation to the personal care needs of patients.

A recommendation has been made in relation to the approach to meals and mealtimes in the home.

A recommendation has been made regarding the repair/refurbishment of the bathing facilities in two bathrooms. The door in the kitchen should be repaired so as it closes and seals properly.

A recommendation has been made that the auditing of the quality of services provided by the home are robust and detail action taken where shortfalls are identified.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rosendo Soriano, Home Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### 6.1 Statutory Requirements

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

### 6.2 Recommendations

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



### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14 (1) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person is required to ensure that the use of any restrictive practice is in accordance with departmental and best practice guidance.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Residents who are at risk of falling while on specialised chairs have been referred for reassessment and the registered manager is ensuring that guidelines for the use of restrictive practice are adhered to and relevant care plans in place.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 April 2016</p>	<p>The registered person shall ensure that staff are appropriately trained to ensure they have the knowledge and skills in relation to the use of restrictive practice/s.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Training has been carried out with all staff regarding the use of restrictive practices to enhance and develop their awareness, knowledge and skills.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 March 2016</p>	<p>The registered person shall ensure that greater attention is given to the personal care afforded to patients. A high standard of personal care is the responsibility of all staff. Management should implement a system to monitor the personal care needs of patients.</p> <p><b>Ref: Section 5.3.2</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Staff meetings were held with all staff and the importance of basic personal care to all residents was discussed. Daily care sheet records will be monitored regularly and spot checks will be carried out by the nurse in charge and the registered manager.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.14 and 12.15</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 March 2016</p>	<p>The registered person shall ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice.</p> <p><b>Ref: Section 5.3.3</b></p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 March 2016</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been addressed during staff meetings and staff have attended resident experience training and how to maintain best practice approach to meals and mealtimes.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 March 2016</p>	<p>The registered person shall ensure the issues identified in the kitchen and two bathrooms of the home are made good.</p> <p><b>Ref: Section 5.3.4</b></p>		
<p><b>Registered Manager Completing QIP</b></p>	Priscilla Abrenica	<b>Date Completed</b>	25/02/2016
<p><b>Registered Person Approving QIP</b></p>	Dr Claire Royston	<b>Date Approved</b>	02.03.16
<p><b>RQIA Inspector Assessing Response</b></p>	Heather Sleator	<b>Date Approved</b>	04.03.16
<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Actions have been addressed on the issues identified in the kitchen and two bathrooms.</p>			
<p>The registered person shall ensure that the auditing of services provided by or in the home are robust and remedial action is taken where shortfalls are identified.</p> <p><b>Ref: Section 5.3.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> There is an infection control audit in place which consist of environment, cleanliness and hygiene. If shortfalls are identified an action plan has been implemented to address issues highlighted.</p>			

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**