

Unannounced Care Inspection Report

14 June 2017



Tudordale

Type of Service: Nursing Home
Address: 294 Hollywood Road, Belfast, BT4 1SG
Tel No: 028 9065 1336
Inspector: Heather Sleator

www.rqia.org.uk

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 45 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Dr Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Ms Rosalind Morrison	Date manager registered: Ms Rosalind Morrison – Acting Manager– No Application
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 45

4.0 Inspection summary

An unannounced inspection took place on 14 June 2017 from 09.45 to 17.15.

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 to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; infection prevention and control practices; risk management; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patient with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and the addition of a dementia café for patients and their relatives to use was a very positive step forward.

Areas requiring improvement were identified and included a review of the staffing arrangements and the review and the updating of the patients comprehensive needs assessment on at least an annual basis.

Patients and their representatives said that they were satisfied with the care and services provided and described living in the home, in positive terms.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Rosalind Morrison, 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 9 January 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2017.

There were no further actions required to be taken following the most recent 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 included information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector met with 11 patients individually, 10 staff and two patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from 5 June 2017 to 18 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- records relating to adult safeguarding
- patient register
- staff register
- complaints received from the previous care inspection
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- minutes of staff, patient and relatives meetings held since the previous care inspection
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 4 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	<p>The registered provider should ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice. Specific attention should be given to;</p> <ul style="list-style-type: none"> • meals are transported to patients by tray, are covered and the tray should be appropriately set; • patients should not be served a meal until they have finished one course before commencing another; • consideration should be given to the purchase of new and suitable crockery; and • milk should be in a suitable receptacle on tea trolley's and not the container/packaging 	Met
	<p>Action taken as confirmed during the inspection: We observed the serving of the midday meal. The mealtime was observed to be a calm and organised activity. New crockery had been purchased, patients had sufficient time to finish one course before commencing on the second course and the arrangements for the serving of the mid-morning and mid-afternoon beverage and snacks had been revised and enhanced.</p>	

Area for improvement 2 Ref: Standard 44.1 Stated: First time	<p>The registered provider should ensure that any small table in use in the home is in a good state of repair and does not pose infection prevention and control risk.</p> <p>The appearance of patients' bedrooms would be enhanced with the purchase of new bed linens.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We observed the equipment used by patients and there was no evidence that the equipment in use posed an infection prevention and control risk. Some new bed linens had been purchased and the registered manager stated further stock was to be ordered.</p>	
Area for improvement 3 Ref: Standard 48.1 Stated: First time	<p>The registered provider should ensure an update fire risk assessment is submitted to RQIA following the installation of a new nurse's station.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A copy of the fire risk assessment regarding the installation of a new nurse's station was submitted to RQIA on 27 September 2016. The fire risk assessor was satisfied with all aspects of the installation.</p>	

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 manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for 5 June 2017 to 18 June 2017 evidenced that the planned staffing levels were generally adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels on side 2 of the home however a patient's representative stated in relation to side 1 "think they're a bit short staffed."

One staff member stated that they felt under pressure at times, on side one due to the dependency of the patients and the level of care and support the patients needed. However, all those spoken with confirmed that the patients' needs were always met. These comments were relayed to the manager during feedback who agreed to review the staffing arrangements and patients dependency levels on side one of the home. This has been identified as an area for improvement.

The planned staffing levels were based on the patients' dependency levels, which were assessed using the Care Home Equation for Safe Staffing (CHESS) assessment tool, developed by Four Seasons Healthcare. The manager explained that this was reviewed on a regular basis and that the staffing levels could be adjusted as required.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the manager and a review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the manager and staff 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 one to one supervision, undertook competency and capability assessments and completed annual appraisals. Individual supervisions were also conducted with staff in response to learning that was identified from the governance audits. For example, where deficits were identified there was evidence that focused individual supervision had been undertaken with staff members, to ensure that they adhered to best practice.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that with the exception of health and safety, food safety level 2 and basic life support between 94 to 97 percent of staff had completed training in these areas and 100% of staff had completed their remaining mandatory training.

The manager and staff also confirmed that training had been provided in respect of the Dementia Care Framework (DCF); this included training modules on dementia care; activities and engagement; communication; distressed reactions; and dementia and the law. This training had been completed by 98 percent of staff. The dementia training was 'experiential,' providing staff with the opportunity to experience themselves the impact of sensory and cognitive limitations. The home recently attained their DCF accreditation on completion of the training requirements and observation of practice.

The manager stated a senior care assistant had recently completed the care home assistant practitioner (CHAP) 12 week intensive training course. This course has been designed to develop senior care staff so as they can assume additional duties to support the registered nursing staff.

Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff were appropriately managed in accordance with the NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had. The relevant contact details were available in a folder for all staff to access; including the whistleblowing procedure.

Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified and all registered managers were attending regional training on the new procedures on 16 June 2017. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were consistently completed following each incident and that care management and patients' representatives were notified appropriately.

A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The correct mattress settings were indicated on the mattress pumps, to ensure their effective use and within the patient's supplementary care records.

Infection prevention and control measures were adhered to and equipment was stored appropriately. There was evidenced of the availability of and adequately stocked personal protection equipment (PPE).

A review of the home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. The areas reviewed were found to be clean, tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items and life story noticeboards were in bedrooms. The home now has a dementia café which has proven to be very popular and enables patients' representatives to have a cup of tea with their relative whilst visiting. The home had a welcoming and very pleasant atmosphere.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. A further area of good practice was in relation to the attainment of the DCF accreditation.

Areas for improvement

Staffing arrangements should be reviewed in accordance with the dependency levels of patients and for example; staff workload and the time of day.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses 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 patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. Wound care records were supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. The patients' weights were audited by the manager on a monthly basis. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met. At the time of the inspection no one was receiving end of life care.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Evidence was present that registered nurses regularly reviewed and updated patient care records on a monthly basis, as previously detailed. However, the review of care records did not evidence that the needs assessment tool encompassing the activities of daily living had been updated on an annual basis or as and when patient needs change. Due to the diligence of the registered nurses reviewing care plans on a monthly basis patient care was reflective of current need. Best practice guidance directs that the comprehensive needs assessment should evidence a formal review. This was identified as an area for improvement.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 22 April 2017 and a meeting with the registered nurses was held on 25 January 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day’s menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients’ nutritional intake.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management and oversight of weight loss; audits and reviews; and communication between residents, staff and patient representatives. An improvement in the arrangements for meals and mealtimes was evident.

Areas for improvement

The comprehensive needs assessment within patient care records should be reviewed on at least an annual basis or as and when patient needs change.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Consultation with 11 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect

Patients and or their representatives were involved in decision making about their own care. Patients were consulted with regarding meal choices and their feedback had been listened to and acted on. Patients were offered a choice of meals, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

Patients and/or patient representatives consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. There was a personal activities leader (PAL) responsible for the provision of activities in the home. There was evidence of a variety of activities in the home and discussion with staff confirmed that patients were given a choice with regards to what they wanted to participate in. There were various photographs displayed around the home of patients’ participation in recent activities. Social care plans were in place to provide information to staff to ensure that patients’ social care needs were met individually.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided.

An electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the manager and the regional manager.

Staff and patient representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. Comments included, "My family think that Tudordale is outstanding" and "All staff attend the residents in a professional manner showing compassion and care."

During the inspection, we met with 11 patients, five care staff, three registered nurses, the personal activities leader, one domestic staff and two patients' representatives.

Some comments received are detailed below:

Staff

"I love it here, staff are great."

"I'm sorry I didn't come here sooner."

"The care is very good, I have no concerns."

One staff member commented that they felt additional staff in the morning on side one would be helpful due to the dependency needs of the patients. Given that observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty, these comments were relayed to the registered manager to address.

Patients

"I like it well enough."

"It's ok."

"I'm happy enough."

Patients' representatives

"Very happy with Tudordale."

"Staff are very approachable."

"I think they're a bit short staffed at times (side1)."

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Four staff, one patient and three relatives had returned their questionnaires, within the timeframe for inclusion in this report. Outcomes were as follows:

Patients: the respondent indicated that they were 'satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

Representatives: one respondent indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent did not fully complete the questionnaire and responded that they were 'very satisfied' that the care in the home was safe and effective. The remaining respondent stated 'yes' to all the questions but failed to provide an overall rating. No written comments were received.

Staff: all respondents indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and two respondents indicated that they were 'satisfied' the home was well-led. No written comments were received.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Mealtimes and activities were well managed.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the manager would respond positively to any concerns/suggestions raised.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients' representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately

Discussion with the manager and 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 in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit (“TRaCA”) which home managers can complete electronically. Nursing homes which have attained the DCF accreditation complete the ‘TraCA D’ Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual’s monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Rosalind Morrison, 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 DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 41.1 Stated: First time To be completed by: 31 July 2017	<p>The registered person shall ensure that the staffing arrangements are reviewed in accordance with the dependency levels of patients and for example; staff workload and the time of day.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Regional Manager and the Registered Manager have reviewed the staffing arrangements taking into consideration the dependency levels of the current patients and are satisfied with the current staffing levels in place. Regular reviews of staffing does take place and any changes to the residents dependency will result in further review taking place.</p>
Area for improvement 2 Ref: Standard 4.8 Stated: First time To be completed by: 31 July 2017	<p>The registered person shall ensure that a review of the comprehensive needs assessment for each patient is reviewed on at least an annual basis or as and when need changes.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All needs assessments are currently being updated and this will be completed by the 31/7/17. Compliance will be monitored through the internal auditing process.</p>

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



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