

# Unannounced Care Inspection Report 7 April 2016



## Victoria

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**Inspector: Donna Rogan and Heather Sleator**

## 1.0 Summary

An unannounced inspection of Victoria took place on 7 April 2016 from 10:00 to 18:00.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if Victoria was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Weaknesses were identified in the delivery of safe care, specifically in relation to the management of medicines, the morning routine, the management of the identified bedroom, the staff response to the sounding of the nurse call system, patient risk assessments, patient observation checks, the management of wardrobes, the management of clinical waste bins and the management of patients seating. These deficits have led to a reduction in positive outcomes for patients. Three requirements and six recommendations have been stated to secure compliance and drive improvement.

### **Is care effective?**

Weaknesses have been identified in the delivery of effective care specifically in relation to the management of care planning and wound care. Improvements are also required in the management of staff meetings. These matters had been raised previously and there has been limited evidence of improvement since the last inspection. Two requirements and one recommendation have been made in this domain.

### **Is care compassionate?**

There was evidence of good communication in the home between staff and patients and patients were very praiseworthy of staff. A recommendation is made however, that comments made by patients are fully investigated by management and actioned as required. Compliance with this recommendation will further drive improvements in this domain.

### **Is the service well led?**

Despite matters being raised previously, this inspection was unable to evidence positive outcomes for patients. One requirement and one recommendation stated twice previously continue to be non compliant. This and the additional findings of this inspection has led to discussion at a senior level within RQIA and to a subsequent serious concerns meeting with the registered person. Two requirements (one for the third and final time) and one recommendation are made in relation to governance and leadership arrangements, auditing, the deployment of staff and the management of monthly monitoring visits as required under Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Following this inspection and the lack of progress identified since the last inspection 9 February 2016, the registered persons were required to attend a meeting in RQIA on 15 April 2016, to discuss the inspection findings and to provide RQIA with a detailed and comprehensive action plan which illustrates how the home will return to compliance.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>10</b>	<b>11</b>

Details of the QIP within this report were discussed with Helen Chambers, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned that the quality of care and service within Victoria was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to the Registered Person, Dr Robert Francis Alistair Lynas, and a meeting took place at RQIA on 15 April 2016. At this meeting an action plan was submitted by the registered person and registered manager as to how and when the concerns raised at the inspection would be addressed.

Further inspection is planned to validate compliance and drive improvements.

## 1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection on 9 February 2016. As a consequence of the inspection findings a serious concerns meeting was held on 16 February 2016 to discuss the issues raised during the inspection and how the home planned to ensure that compliance was achieved. An action plan was provided to RQIA by the registered persons which addressed the issues raised. A further inspection to assess the level of compliance with the requirements and recommendations was planned.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Dr. Robert Francis Alistair Lynas & Mrs Helen Lynas	<b>Registered manager:</b> Ms Helen Frances Chambers
<b>Person in charge of the home at the time of inspection:</b> Ms Helen Chambers	<b>Date manager registered:</b> 20/11/2008
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 33

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events 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 plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspectors met with approximately 20 patients both individually and in groups, two registered nurses, four care staff and three resident's visitors/representative.

The following information was examined during the inspection:

- three patient care records
- staff roster
- staff training records
- complaints and compliments records
- incident and accident records
- records of audits
- records of meetings
- records of the monitoring visits
- medication records
- supplementary nursing records

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 9 February 2016

The most recent inspection of the home was an unannounced care inspection on 9 February 2016. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 9 February 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>The registered person must implement a robust system to review the quality of nursing and other services provided by the home. Audits should be present of the review of:</p> <ul style="list-style-type: none"> <li>• nursing care records</li> <li>• infection control procedures</li> <li>• accident records audits are established</li> </ul> <p><b>Ref: Section 5.2</b></p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager had implemented audits of care records, infection control procedures and accident records. Where audits had been completed there was no evidence that the audits had been analysed or that the appropriate actions had been taken to address any shortfalls identified. There no evidence that the necessary improvements had been embedded into practice. This issue was raised during two previous inspections to the home. Following discussion with senior management in RQIA, a further serious concerns meeting was held on 15 April 2016. At this time an action plan was submitted which contained a more robust method of driving improvements in the home.</p> <p><b>This requirement has been stated for a third and final time.</b></p>	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>The registered person shall ensure that the assessment of patients' needs is fully completed and evidence of regular review is present. Assessments of need must include continence assessment.</p> <p><b>Ref: Section 5.4.1</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that assessments of patients' needs were in place and they were being reviewed regularly. New continence assessments had been introduced; however, they were a guide as to which continence product to use rather than an assessment of the reason and type of incontinence experienced. Continence assessments should be completed in keeping with patients' needs. Pain assessments should also be completed in keeping with best practice.</p> <p><b>This requirements is stated for a second time in respect of the completion of continence assessments.</b></p>	<p><b>Partially Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>The registered person shall ensure that the written nursing plan of any patient is in accordance with assessed need and kept under review.</p> <p><b>Ref: Section 5.4.1</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three care records evidenced that they had been reviewed regularly and updated in accordance with the patient's assessed needs. However, the review evidenced further areas of improvement. see section 4.4 for details of inspectors' findings.</p> <p><b>This requirement is stated for a second time.</b></p>	<p><b>Partially Met</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>The registered person shall ensure an unannounced monthly visit to the home is undertaken, a report is written of the visit and is available to view on request. The monthly reports will be retained concurrently.</p> <p><b>Ref: Section 5.4.2</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that a monthly monitoring visit in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 was conducted on 8 March 2016. However, a further recommendation is made that the details in the report are enhanced to ensure they include details of how services in the home meet patients' needs and the report should also include details of any actions which are required. Advice was provided to the registered manager to follow the guidance on RQIA website.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 3 (1) Schedule 1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>The registered person shall that patients are not admitted to the home outside of the current statement of purpose and registered categories of care.</p> <p>An application for variation to the registered categories of care in respect of the addition of residential care should be submitted with all due haste.</p> <p><b>Ref: Section 5.4.5</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The application for variation to the registered categories of care in respect of the addition of residential care was not submitted prior to the inspection. However, the information submitted did not accurately reflect the residential category of care. The requested information was submitted to RQIA by the time of completing this report. This requirement has now been met.</p>	<p><b>Met</b></p>

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> Second time <b>To be Completed by:</b> 1 April 2016	It is recommended that nursing staff should adhere to professional standards in respect of care records. The registered person should monitor nursing staff adherence to NMC guidelines. <b>Ref: Section 5.2</b>	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that improvements have been made regarding professional standards in respect of care records. However, the care records reviewed were not updated in accordance with NMC guidelines. Details of the findings regarding care records can be viewed in section 4.4. This recommendation has been raised as part of a requirement as a consequenc of this inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.6 <b>Stated:</b> Second time <b>To be Completed by:</b> 1 April 2016	It is recommended that training on communicating effectively should be provided for staff. The training should be in accordance with DHSSPS 'Breaking Bad News' regional guidelines. <b>Ref: Section 5.2</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the training records evidenced that six registered nurses attended end of life care training which included communicating effectively. The registered manager stated that it is planned that this training shall be cascaded to all relevant staff.	



<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that training on palliative and end of life care should be provided to staff. Training provided should be in accordance with regional guidance, for example, Gain Palliative Care Guidelines 2013.</p> <p><b>Ref: Section 5.2</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the training records evidenced that six registered nurses attended end of life care training which included palliative care and was in keeping with the Gain Palliative Care Guidelines of November 2013. The registered manager stated that it is planned that this training shall be cascaded to all relevant staff.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that patients' care records should reflect that individuals' wishes regarding end of life care have been considered, as far as possible.</p> <p><b>Ref: Section 5.2</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence in the three care records reviewed that they reflected the individuals wishes regarding end of life care.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that policy documentation and professional guidelines in relation to continence management are made available for staff. Management should implement a system to evidence staff have read the documentation.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Policy documentation and professional guidelines in relation to continence management were made available for staff. However there was no evidence that staff have read the documentation.</p> <p><b>This part of the recommendation is made for a second time.</b></p>	<p><b>Partially Met</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 39.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that further staff training is sought for all staff who have not yet received training on continence management.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the training records evidenced that five members of staff have received training on continence management on 9 February 2016 and a further date for 18 April 2016 has been arranged for the remainder of staff.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that staff use the Bristol Stool chart as a reference when reporting on patients bowel function.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that the Bristol Stool Chart is used as a reference when reporting on patients bowel function.</p>	<p><b>Met</b></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that evidence is present in patient care records of the monitoring and evaluating of patients' bowel function by registered nurses.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence in patients' care records of the monitoring and evaluating patients' bowel function by registered nurses.</p>	<p><b>Met</b></p>

<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 4.2 and 4.11</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 May 2016</p>	<p>It is recommended that evidence is present on patient care records of the involvement/consultation with patients and/or representatives in the planning of care.</p> <p><b>Ref: Section 5.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence in the three care records reviewed that there was involvement/consultation with patients and or representatives in the planning of care.</p>	<p><b>Met</b></p>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>A recommendation is stated that wound care management is undertaken in accordance with best practice (NICE) guidelines and the relevant documentation is maintained.</p> <p><b>Ref: Section 5.4.1</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of two patients requiring wound care management evidenced that the care records were not being maintained in accordance with best practice (NICE) guidelines. Details of the findings can be viewed in section 4.4 of the report. This recommendation is subsumed into requirement 7 of the Quality Improvement Plan (QIP).</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 1 April 2016</p>	<p>It is recommended that the use of third party bedrails is monitored in accordance with DHSSPS guidelines.</p> <p><b>Ref: Section 5.4.3</b></p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This recommendation was not reviewed during this inspection and is carried forward to be reviewed at a subsequent inspection.</p>	<p><b>Not reviewed</b></p>

### 4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. On the day of the inspection there were two registered nurses and five care assistants on duty. Discussion with the registered manager and a review of duty rotas for nursing and care staff confirmed that planned staffing levels were adhered to. However, three patients expressed their dissatisfaction that it took staff some time to answer the nurse call system or address their care needs in a timely way. A recommendation is made that the registered manager reviews the management of the nurse call system to ensure it is answered in a timely way and that patient needs are met. Records should be maintained of the checks and observations made.

Discussion with staff and observation of the delivery of care evidenced that patients' needs were met. We observed the serving of breakfast. It was concerning that seven patients were being served breakfast and receiving their morning medications at 11.45. The registered manager stated that this was patient choice and that some patients choose to have a 'sleep in' on a daily basis. In discussion with the registered nurse who was administering the medications, it was stated that the reason that patients were receiving breakfast and their medications so late in the morning was due to the overall dependency of patients and that that all patients needs may not be attended to until 11.30 or 12.00.

A review of these patients' medication records evidenced that medications were administered at 09:00 when they were not administered until 11:30 to 11:45. A requirement is made that medications are accurately recorded at the correct time of administration. The registered manager agreed to ensure this practice ceases immediately. This matter was referred to the medicines management team. It is also required that the registered manager review the deployment of staff in regard to the morning routine in the home, to ensure the needs of patients are met in a timely way.

Discussion with the registered manager and review of training records evidenced that the home had a system in place to ensure staff attended mandatory training. A review of the training records evidenced that staff had received training on continence care, palliative end of life care and effective communication.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of registered nursing staff and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to the safeguarding of adults.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process; these were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. However a risk assessment for the management of pain should be introduced and utilised for all patients requiring regular or occasional analgesia. A recommendation is made in this regard.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas.

Thirteen patients were observed as being nursed in their bedrooms at the time of the inspection. The registered manager stated that these patients were being observed on an hourly basis. However, staff spoken with stated that they only observed patients when they were administering care such as assisting with food and fluids and repositioning or on an 'ad hoc' basis. The supplementary care records confirm that the latter was accurate. Three patients nursed in their bedroom stated it can take a long time to be taken to the lavatory after calling for assistance.

One double bedroom was observed to be very cluttered partially due to specialist equipment required by the patients. The lack of storage for this equipment was impacting upon the safety of the patients by making free movement in the room hazardous. Storage issues in respect of patient's clothing were also identified in four other bedrooms. These matters were discussed at length with the registered manager who agreed to review the storage of equipment and personal clothing/possessions. A requirement is made in this regard.

Concern was made regarding the management of clinical waste bins used for the safe disposal of incontinence products/wound dressings etc. The clinical waste bins observed during inspection were not appropriately maintained as they were not lidded and were unable to be maintained closed at all times. A recommendation is made in this regard.

Concerns were identified regarding the number of patients sitting for extended periods in their wheelchairs. This practice must cease immediately. Wheelchairs are to be used for transport only unless specifically prescribed by the multiprofessional team for alternate use. Staff spoken with stated that this was to assist with the management of the toileting regime and mealtimes. It is recommended that patients, unless otherwise prescribed or through choice should be seated appropriately in keeping with their needs.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 9 February 2016 confirmed that these were appropriately managed.

### Areas for improvement

There were three requirements and six recommendations made in relation to this domain. The requirements are in relation to the management of medicines, the morning routine and the management of equipment and clothing storage. The recommendations relate to the management of the nurse call system, risk assessments, patients checks, the management of clinical waste bins and the management of patients seating.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>6</b>
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#### 4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and were subsequently reviewed as required. There was evidence that risk assessments informed the care planning process. However as previously stated in section 4.3, there should be pain assessments in place for all patients requiring regular or occasional analgesia.

Care records were identified as requiring improvements following the previous inspection of 9 February 2016. Whilst some improvements were observed, they were not sufficiently detailed

to reflect the needs of patients. Care records had been updated in relation to patient's wishes and feelings and in regards to palliative care, continence care and bowel function.

The following issues were identified in the named care records provided to the registered manager. One care record had been updated to manage a patient's condition. However the care plan written did not reflect the advice provided by the clinical nurse facilitator from the local healthcare trust. There was no evidence of a care plan in place regarding wound care management. There was no pain assessment in place for the effective management of pain control.

One care record did not include details of the patient's general practitioner (GP). The admission assessment did not include details of the patient's level of mobility. The patient's weight was not recorded on admission. The signature of the registered nurse was not included on the record and the record was not dated. There was a care plan in place to manage a wound ,however, there was no initial wound observation chart in place, there was no on-going wound care chart in place, there was no photograph of the wound, or description of the wound to describe either its size or current state and there was no pain assessment completed.

The third care record reviewed did not evidence that care plans had been updated to reflect the changing needs of the patient, despite nursing staff having been aware of the patient's changing needs for six days previously. Contemporaneous nursing records of planned care and nursing interventions must be maintained.

A requirement is made to ensure the identified care records are updated in keeping with best practice and guidelines.

Supplementary care charts such as repositioning/food and fluid intake evidenced that these records were maintained in accordance with best practice guidance, care standards and legislative requirements.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records.

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

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

Discussion with the registered manager confirmed that staff meetings were held and records were maintained. However, the minutes reviewed did not contain details of the issues discussed or decisions made. A recommendation is made in this regard.

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

### Areas for improvement

There were two requirements made in this domain in relation to care planning and wound care. The recommendation is made in regard to the management of staff meetings.

<b>Number of requirements</b>	<b>3</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate and caring. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed by the registered manager and an action plan was developed and shared with staff, patients and their representatives. There was a quality assurance audit conducted in March 2016. The results were displayed on the public notice board.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

#### Patients

Consultation with approximately 20 patients individually, and with others in smaller groups, confirmed that Victoria Nursing Home was a good place to live. Comments included the following;

- "I love it here."
- "It's great here."
- "We could not be looked after any better."
- "Staff are so kind and attentive."
- "It takes a while for staff to take me to the lavatory."
- "When you buzz for assistance it takes a while for staff to come, when they come they turn of call bell and do not come back for ages."
- "The food is great, very tasty."
- "Staff only come in when they have something to do. There are long periods of time when we do not see anyone."
- "I am so well looked after; I have to ask for nothing, they know me so well."

#### Relatives

Three patients relatives were available for discussion during the inspection. The following comments were made;

- "My ..... is so well after, I am so confident that the care is good, staff are kind, considerate and kind."
- "It is brilliant here my relative is so happy."



- “The (manager) is great and always keeps me informed.”

### Visiting professionals

There were two visiting professionals spoken with. Comments made are as follows;

- “I think Victoria is a great home, they do not get enough recognition for the positive work they do.”
- “I think the staff are great, I do not think they could do anything more.”
- “Staff follow my instructions well, I am confident they follow my requests.”

### Areas for improvement

A recommendation is made that the comments regarding staff responses to the nurse call system, and the lack of attention when in own bedroom made by patients should be recorded as complaints and appropriately investigated and actioned as required.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

During the previous inspection on 9 February 2016, it had been identified that there was a necessity for the home to apply for a residential category of care for one identified person. The application process to vary the registration categories of the home however, was delayed due to the failure of the home to submit the required documentation. This has now been completed.

Discussion with the registered manager and 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.



Discussion with the registered 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 relation to care records, infection prevention and control, incidents and accidents. However, where audits had been completed there were no evidence that they had been analysed or that the appropriate actions had been taken to address any shortfalls identified. There was no evidence that the necessary improvements had been embedded into practice. A requirement is made in this regard.

Discussion with the registered manager and review of records evidenced that a monthly monitoring visit in keeping with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 was completed on 8 March 2016. The report was not sufficiently detailed and a robust action plan was not generated to address the areas for improvement. A recommendation is made in this regard.

The routine of the home was discussed with the registered manager and staff on duty. As discussed in sections 4.3 and 4.4, there was conflicting information provided to the inspectors regarding the management of patients being nursed in their bedrooms. The registered manager stated that patients were being checked on an hourly basis. Staff spoken with stated that they were only able to check them when they were repositioning them or providing them with food and fluids. There was also conflicting information provided to the inspectors regarding the medicines management and the morning routine.

There were concerns raised with the registered manager regarding the overall management of the home and the leadership arrangements. Concerns were raised that the registered manager did not have sufficient management oversight of the daily management of patient's care and as a result staff deployment arrangements were not in keeping with the registered manager's knowledge or expectations.

There was a lack of evidence of robust governance/management and leadership arrangements to ensure the safe and effective delivery of care to patients. As previously stated there were concerns raised about the quality of audits, the lack of evidence of management oversight regarding the deployment of staff and the delegation of duties to ensure that safe and effective care was being delivered. There was also a lack of evidence that care planning had improved sufficiently since the February 2016 inspection to ensure that the assessed needs of patients were. Two requirements are made in this regard.

The registered manager informed the inspection that recruitment of a deputy manager position is completing. This new and additional management position will enhance the management team and will hopefully drive improvements as required in this domain.

### **Areas for improvement**

There were two requirements and two recommendations made under this domain. They are in relation to governance and leadership arrangements. The one recommendation is in relation to the monthly monitoring visits in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>2</b>
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### **5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Helen Chambers, Registered 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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 person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 17 (1)

**Stated:** Third time

**To be completed by:**  
31 May 2016

The registered person must implement a robust system to review the quality of nursing and other services provided by the home. Audits should be present of the review of:

- nursing care records
- infection control procedures

**Ref: section 4.2, 4.3**

**The necessity to state this requirement for a third occasion was discussed with senior management in RQIA and during a serious concerns meeting with the registered person.**

**This requirement is stated for the third and final time.**

**Response by registered person detailing the actions taken:**

A new audit schedule has been devised.

A first round of auditing has commenced and will continue monthly.

An action plan accompanies each audit and this is analysed by the Manager and signed off when complete.

Outcomes from audit will be shared at staff meetings.

#### Requirement 2

**Ref:** Regulation 16

**Stated:** Second time

**To be completed by:**  
31 May 2016

The registered person shall ensure that the written nursing plan of any patient is in accordance with the assessed need of patients and kept under review.

**Ref: section 4.2, 4.4**

**Response by registered person detailing the actions taken:**

New documentation has been introduced for each individual resident.

All residents care has been assessed and evaluated.

Each resident has a continence assessment and pain assessment.

Care File reviews will be evaluated monthly.

#### Requirement 3

**Ref:** Regulation 15 (2)

**Stated:** Second time

**To be Completed by:**  
1 April 2016

The registered person shall ensure that the assessment of patients' needs is fully completed and evidence of regular review is present.

**Assessments of need must include continence assessment.**

**Ref: Section 4.2, 4.3**

**Response by registered person detailing the actions taken:**

All residents have updated continence assessment, this will be evaluated and reviewed monthly.

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons must review the morning routine to ensure that there is evidence of management oversight and leadership, regarding the deployment of staff and delegation of duties, to ensure that safe and effective care is being delivered.</p> <p><b>Ref: section 4.3,4.6</b></p> <p><b>Response by registered person detailing the actions taken:</b> A time and motion study has been undertaken with regards to morning routine. A staff meeting has been held and discussion on how the home could improve the routine has taken place. The Nursing staff have updated Nurse in Charge Competencies and Medication Competencies.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 April 2016</p>	<p>The registered persons must ensure that the correct times medications are administered are stated on the medication records.</p> <p><b>Ref: section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> Nurse group supervision conducted. Colective feedback and review of best practice has taken place. Medication training, audit, supervised medication rounds and competencies have been conducted.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 27(1) (L)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>• specialist equipment required by patients is stored appropriately and that it does not cause a hazard to patients or staff</li> <li>• sufficient storage is provided in the home for the personal clothing and possessions of patients</li> </ul> <p><b>Ref:section 4.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> Specific room that the Inspector was concerned about has been reviewed. One lady has gone home and the other has moved to a single room. All bedrooms have wardrobes and bedside cabinets, sufficient to store personal clothing and possessions. The home is restricted in communal storage and will continue to maximise all available space.</p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons must ensure that patient care records are maintained with accuracy and contain a detailed and comprehensive assessment of need, appropriate risk assessments, detailed person centred care plans and appropriate regular reviews. Registered nurses must complete records in keeping with NMC guidance.</p> <p><b>Ref: section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Group Supervision with the Nurses has taken place. Job descriptions, NMC Code, NI Regulations and Standards, NIPEC, Revalidation, Record Keeping expectations, Adults and Competencies issued and discussed. New care file documentation introduced to include comprehensive assessment of need, risk assessments, and person centred care plans. These will be reviewed monthly or more often as required. Nurses have been advised to ensure records are accurate and have commenced peer auditing to support and develop each other further. The home audit schedule covers care files.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 12 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons must ensure that wound care management is undertaken in accordance with best practice (NICE) guidelines and the relevant documentation is maintained.</p> <p>The registered persons must ensure that the management of wound care is recorded in keeping with best practice guidelines.</p> <p><b>Ref: 4.2,4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> No pressure ulcers in the home. There is one gentleman with a wound. Wound Reference Folder evidencing NICE Guidelines has been made available to staff. The resident will have; initial wound care assessment, care plan, subsequent assessments and evaluations. Wound measurement charted. Wound Care Link Nurse - Sarah Gillespie - specific training booked.</p>
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons must ensure that the outcome of all audits are fully analysed and evidence that the appropriate actions had been taken to address any shortfalls identified is retained.</p> <p><b>Ref: section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The audits have action plans and the Manager analyses and signs. The actions plans are reviewed at commencement of subsequent audits. Any deficits not completed within timeframe are carried forward and given priority to achieve outcome.</p>
<p><b>Requirement 10</b></p>	<p>The registered persons must ensure that robust</p>

<p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>governance/management and leadership arrangements are put in place to ensure the safe and effective delivery of care to patients.</p> <p><b>Ref: section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new support structure has been implemented within the home. Healthcare Consultant 1 day per week May/June and 1 day per month going forward to complete the provider Regulation 29 report. Deborah Oktar-Campbell. A Deputy has been appointed. Sarah Gillespie. An Administrator has been appointed. Kathy Chambers. New Audit Structure is in place. Action Plans from each. Overarching Action Plan in place. Nurse in Charge competency assessments updated. Leadership training sourced. Increased communication, monthly staff meetings. Quality Assurance Audits ongoing.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>Management should implement a system to evidence staff have read the policy documentation on continence management.</p> <p><b>Ref: section 4.2,4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Policy in place. Reference file in place. Staff signatures evidenced on file.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 47.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons should ensure that the use of third party bedrails is monitored in accordance with DHSSPS guidelines.</p> <p><b>Ref: section 4.2, this recommendation has been carried forward for review at the next inspection.</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All bedrail assessments have been updated. Assessments are being updated to ensure consent up to date. The handyman conducts weekly checks and these are evidenced. The home maintains an inventory of all bedrails in place. Currently the home is developing a programme of reduction and alternatives when possible and has reduced by 6 sets to date.</p>



<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 6</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons should review the management of the nurse call system and ensure it is answered and patients needs are attended to in a timely way. Records of the review should be maintained.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Manager is maintaining call bell response times within her audit and is documenting these.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref: Standard</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons shall ensure that nursing risk assessments include pain assessments for all patients requiring regular or occasional analgesia, and that they are completed by a registered nurse.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed within the requirement. All in place.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref: Standard 7</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons shall ensure that patients nursed in their bedrooms are checked and attended to in a timely way in keeping with the management arrangements in the home. Records should be retained of the checks made.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Each resident who is bedfast now has a chart 'Social Interaction' and this has been audited to ensure compliance. These individuals have been assessed to prevent social isolation. Rationale for remaining in their rooms has been documented. Individual room activities have been enhanced. Sensory aids are implemented as appropriate.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref: Standard 47</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons shall ensure that wardrobes are safely maintained at all times.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Repair has been conducted. (Hinge).</p>
<p><b>Recommendation 7</b></p> <p><b>Ref: Standard 46</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons shall ensure clinical waste bins have lids and are appropriately maintained at all times.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All bins now have lids and the handyman actions any concerns.</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons shall ensure that patients unless otherwise choose to or are prescribed, should be appropriately seated at all times.</p> <p><b>Ref: section 4.3</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The lady the Inspector was concerned about has preferences regarding to seating and has been prescribed a specialised chair. All other residents are seated as per their choice and assessment also.</p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons should ensure that the minutes of staff meetings include details of issues discussed and the decisions made.</p> <p><b>Ref: section 4.4</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Minutes of most recent staff meeting on file.</p>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons should ensure that the monthly monitoring report is informative and there is a robust action plan to address any areas for improvement.</p> <p><b>Ref: section 4.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Regulation 29 provider reports will now be conducted by an external Consultant, Deborah Otkar-Campbell. Two reports have been generated since last inspection.</p>
<p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2016</p>	<p>The registered persons should ensure that the negative comments made by some patients during the inspection are recorded as complaints and are appropriately recorded, investigated, and actioned as required.</p> <p><b>Ref: section 4.5</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Manager has recorded any comments that she is aware of in the Complaints book.</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\**





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