Unannounced Care Inspection Report
13 July 2016

Victoria

Type of Service: Nursing Home
Address: 22-24 Windsor Park, Belfast, BT9 6FR
Tel No: 028 9066 8437
Inspector: Donna Rogan
Senior Inspector: Linda Thompson

1.0 Summary

An unannounced inspection of Victoria took place on 13 July 2016 from 09.40 to 15.25.

Following an inspection on 7 April 2016 a serious concerns meeting was held, at RQIA offices on 15 April 2016, with the registered persons and senior management in RQIA to discuss the concerns raised during the inspection where 10 requirements and 11 recommendations were made. An action plan to address the outcome of the inspection was provided and the ongoing progress of compliance with the action plan was confirmed to RQIA.

This inspection sought validate the progress of the action plan and 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?

During the inspection the inspectors were able to evidence that the management of medicines were in keeping with best practice. The morning routine had been reviewed and appeared to be well managed. The identified bedroom had been reviewed in keeping with patients' needs. The nurse call system was being answered promptly. Risk assessments were being completed and patient observation checks were being appropriately recorded. Patients seating was being appropriately managed. Further improvements were required regarding the management of waste. There were also some issues to be addressed regarding the management of recruitment files and the management of laundry. Three recommendations have been made in this domain.

Is care effective?

The inspection evidenced that staff meetings have been reintroduced and there has been a positive response from staff regarding the information shared. Wound care was observed to be managed appropriately. A recommendation is made in relation to the review of care records.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very positive regarding staff and the care they received in the home. Relatives spoken with were also positive regarding all aspects of service provision. There was an activity programme ongoing in the home and some discussion took place in terms of how to move the management of activities forward. The registered manager agreed that further work in respect of the delivery of activities would further enhance this service provision. A recommendation is made regarding the management of patients' wardrobes.

Is the service well led?

During this inspection, inspectors were able to evidence that all of the 10 requirements and 11 recommendations previously made had been addressed and the action plan provided had been adhered to. The management and governance arrangements are now evidenced to be more robust and the monthly monitoring reports maintained are evidenced to illustrate a detailed and comprehensive review of the findings. Six recommendations have been made following this inspection in the safe and effective domains; one recommendation is made in the well led domain regarding the availability of records in the home. Compliance with all the recommendations made will further enhance care in these domains.

The registered manager was informed that a further unannounced inspection will be undertaken to validate that compliance with the regulations and standards stated below have been 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
Total number of requirements and recommendations made at this inspection	**0**	**6**

Details of the Quality Improvement Plan (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.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 April 2016. Following this inspection a serious concerns meeting was held, at RQIA offices on 15 April 2016, with the registered persons and senior management in RQIA to discuss the concerns raised during the inspection where 10 requirements and 11 recommendations were made. An action plan to address the outcome of the inspection was provided and the ongoing progress of compliance with the action plan was confirmed to RQIA.

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

2.0 Service details

Registered organisation/registered provider: Robert Francis Alistair Lynas Helen Lynas	**Registered manager:** Helen Frances Chambers
Person in charge of the home at the time of inspection: Paula Cobos, nurse in charge from 09.40 hours to 10.30 hours Helen Chambers, registered manager from 10.30 hours to 15.30 hours	**Date manager registered:** 20 November 2008
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 33

3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- action plan provided to address previous requirements and recommendations
- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspectors also met with approximately 15 patients, five care staff, two registered nursing staff and three patients' representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- notifiable events
- audits
- records relating to adult safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records

- staff induction, supervision, competency and capability and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP when returned will be reviewed and approved by the pharmacy inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 07 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 17 (1) **Stated:** Third time	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	**Met**
	Action taken as confirmed during the inspection: A review of the audits completed since the previous inspection evidenced that there was now a robust system to review the quality of nursing and other services provided by the home. The nursing care record audits and the infection control audits were completed at least monthly. Where issues were identified, an action plan was formulated alongside a timescale to be addressed and named the person who had responsibility in addressing them. There was evidenced that the action plans were checked for completion by the registered manager. The audits were dated and signed by all parties involved in the auditing process.	

Requirement 2 **Ref:** Regulation 16 **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: During the inspection the nursing care records of four identified patients were examined. The records evidenced that each patient's assessment of needs and a selection of risk assessments were used to inform the care planning process. There was evidence that patients and/or their representatives were involved in the process. There was evidence the care records were regularly reviewed and were also updated in accordance with the patient's changing needs .	
Requirement 3 **Ref:** Regulation 15 (2) **Stated:** Second time	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.	**Met**
	Action taken as confirmed during the inspection: The inspector can confirm that the care records examined evidenced regular review of the assessment documentation. Risk assessments were updated as required.	

Requirement 4 **Ref:** Regulation 12 (1) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence in the staff meetings minutes that the morning routine was discussed with all grades of staff, suggestions were made and direction and clarification was provided to staff. The routine was discussed with all staff on duty at the time of the inspection. All staff spoken with were clear regarding their roles and responsibilities. The registered nursing staff stated that they delegate duties to staff and that they check supplementary care records throughout the day to ensure that care as planned is delivered in a timely way. On the morning of inspection, observation of care evidenced that the care delivered was organised, timely and there was a calm atmosphere noted in the home.	
Requirement 5 **Ref:** Regulation 13 (4) **Stated:** First time	The registered persons must ensure that the correct times medications are administrated are stated on the medication records.	**Met**
	Action taken as confirmed during the inspection: A review of the morning medication round evidenced that medicines were administered for all patients by 10.40 hours. The administration records evidenced that the actual time of medicines administrated was recorded.	

Requirement 6 **Ref:** Regulation 27(1) (L) **Stated:** First time	The registered manager must ensure that: • specialist equipment required by patients is stored appropriately and that it does not cause a hazard to patients or staff • sufficient storage is provided in the home for the personal clothing and possessions of patients	**Met**
	Action taken as confirmed during the inspection: A review of the general environment evidenced that equipment was being appropriately stored. There were no hazards observed to patients or staff during the inspection. There was sufficient storage provided for patients personal possessions and clothing.	
Requirement 7 **Ref:** Regulation 15 (2) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The examination of patient's nursing care records confirmed that individual assessments of need and risk assessments are reviewed and updated both regularly and on an as required basis. The updated assessments then inform the review of each patient's care plan. This care plan is also evidenced to undergo regular review to ensure that it is up to date and reflective of the patient's current need. All recording in care records was evidenced to be maintained in a professional manner and was reflective of NMC guidance.	

Requirement 8 **Ref:** Regulation 12 (1) (b) **Stated:** First time	The registered persons must ensure that wound care management is undertaken in accordance with best practice (NICE) guidelines and the relevant documentation is maintained. The registered persons must ensure that the management of wound care is recorded in keeping with best practice guidelines.	**Met**
	Action taken as confirmed during the inspection: A review of the care records for those patients with wounds evidenced that wound care management was maintained in keeping with (NICE) guidelines and all relevant documentation was maintained in keeping with best practice.	
Requirement 9 **Ref:** Regulation 13 (1) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of the audits maintained evidenced that they were fully analysed and that the actions taken to address issues raised had been recorded. The action plans had been checked and signed by the registered manager when they were completed.	

Requirement 10 **Ref:** Regulation 13 (1) **Stated:** First time	The registered persons must ensure that robust governance/management and leadership arrangements are put in place to ensure the safe and effective delivery of care to patients.	**Met**
	Action taken as confirmed during the inspection: The quality of the unannounced monthly monitoring visits has improved significantly since the last inspection. A new deputy manager position has been established and additional management hours are noted to be made available to assist the registered manager to ensure the safe and effective delivery of care to patients. There is also a new full time administrative officer employed to assist the registered manager with administrative duties. The registered manager confirmed that due to the above arrangements there is now time to oversee all service provision in the home and that she now has time to push the improvements required in the overall governance.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 36 **Stated:** Second time	Management should implement a system to evidence staff have read the policy documentation on continence management.	**Met**
	Action taken as confirmed during the inspection: A review of the policy and guidance documentation on continence management evidenced that staff had signed that they had read the documentation.	
Recommendation 2 **Ref**: Standard 47.1 **Stated:** First time	The registered persons should ensure that the use of third party bedrails is monitored in accordance with DHSSPS guidelines.	**Met**
	Action taken as confirmed during the inspection: There are currently no third party bed rails in use in the home. The registered manager confirmed that a review of all bed rails have been completed and are being monitored in accordance with DHSSPS guidance. There was evidence in the care records that bed rail assessments were being conducted appropriately.	

Recommendation 3 **Ref: Standard 6** **Stated: First time**	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.	**Met**
	Action taken as confirmed during the inspection: The registered person stated that a review of the nurse call system has been conducted. However the records were not available on the day of the review. It is confirmed that a copy of the review of the nurse call system was forwarded to RQIA following the inspection. There were no issues raised regarding the nurse call system during the inspection. Patients spoken with stated that it was answered promptly. The availability of records in the home is discussed in section 4.6 below.	
Recommendation 4 **Ref:** Standard **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of four care records evidenced that nursing risk assessments were in place. This included pain assessments; they were updated in accordance with patients' needs.	
Recommendation 5 **Ref:** Standard 7 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence maintained in the care records that patients nursed in bedrooms were being checked and attended to in a timely way. A new supplementary record evidencing social interaction has been introduced for those patients who remain in their bedrooms. Staff spoken with described their roles and responsibilities in relation to maintaining records and informed the inspectors that they are each allocated their responsibilities by the registered nursing staff at the beginning of each shift.	
Recommendation 6	The registered persons shall ensure that	**Met**

Ref: Standard 47 **Stated:** First time	wardrobes are safely maintained at all times. **Action taken as confirmed during the inspection**: Patient wardrobes were observed to be safely maintained and functioning. The management of wardrobes however is discussed further in section 4.5 below.	
Recommendation 7 **Ref:** Standard 46 **Stated:** First time	The registered persons shall ensure clinical waste bins have lids and are appropriately maintained at all times. **Action taken as confirmed during the inspection**: New clinical waste bins have been purchased. They all had lids appropriately maintained. Some concerns regarding staff use of the waste bins was identified and is illustrated in section 4.3 below.	**Met**
Recommendation 8 **Ref:** Standard 21 **Stated:** First time	The registered persons shall ensure that patients unless otherwise choose to or are prescribed, should be appropriately seated at all times. **Action taken as confirmed during the inspection**: Observation and discussion with patients evidenced that they were appropriately seated.	**Met**
Recommendation 9 **Ref:** Standard 21 **Stated:** First time	The registered persons should ensure that the minutes of staff meetings include details of issues discussed and the decisions made. **Action taken as confirmed during the inspection**: A review of the minutes of staff meetings held on 5 May 2016 and 4 July 2016 evidenced that meetings have been well attended by staff. There was a detailed minute held of the discussions and the decisions made. There was also a folder of reflective learning provided for all registered nursing staff. This was signed and dated to evidence that the information was received by staff.	**Met**

Recommendation 10 **Ref:** Standard 35 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: A review of the monthly monitoring reports completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 was undertaken. The format of the report had been reviewed and the information included was detailed and comprehensive. An action plan was generated and agreed with the registered manager following the report. There was also evidence that the action plan was reviewed during follow up monitoring visits. All reports were unannounced and at varied times. They evidenced that a wide range of documentation was reviewed and that discussions were held with a range of patients, visitors and staff.	
Recommendation 11 **Ref:** Standard 7 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: The complaints records evidenced that complaints were managed in accordance with best practice. There were no negative comments made to the inspectors during this inspection.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that the levels were subject to regular review in order to ensure that the assessed needs of patients were being met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients; this included a recent review of patients' dependency levels.

A review of the staffing roster for weeks commencing 18 and 24 July 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care assistants staffing rosters, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. Relatives commented positively regarding the staff and care delivery. A new deputy manager has been employed and has two management days evident on the duty rota to assist the registered manager to ensure the safe and effective delivery of care to

patients. There is also a new full time administrative officer employed to assist the registered manager with administrative duties.

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 registered manager also had signed the record to confirm that the induction process had been satisfactorily completed.

Review of two records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

There were systems in place to monitor staff attendance and compliance with training. Discussion with the registered manager, staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

A review of one personnel file evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. One of the two references provided was not dated or signed. The registered manager confirmed that this reference was received electronically and provided RQIA with an email from the referee confirming the reference was from them following the inspection. A recommendation is made that a copy of emails to and from referees should be maintained in the personnel file for references received electronically.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Discussion with registered nursing staff and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction.

New waste bins had been provided since the previous inspection. They were colour coded, however staff were not using them in keeping with the homes' infection control colour schemes. A recommendation is made to ensure all staff manages waste in keeping with the home's policies and procedures.

The management and laundering of patients' personal clothing alongside bedding and towels should be reviewed. Laundry bins were observed to contain both personal clothing and bedding

and towels. It is recommended that bedding/towels and patient's clothing should be segregated prior to going to the laundry and should be laundered in line with the regional infection control guidance. It is also recommended that trolley is provided to assist staff to safely carry laundry baskets in keeping with safe moving and handling guidance.

Areas for improvement

Four recommendations were made in relation to maintaining references, the management of waste, management of laundry and the maintenance of wardrobe doors.

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

4.4 Is care effective?

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

Care records were evidenced to accurately reflect the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

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

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Whilst there was evidence that patient assessments of need were reflective of patient need the registered manager must ensure that registered nursing staff records the date of the review of assessment and the name and designation of the reviewing nurse. A recommendation is stated in this regard.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and 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, if appropriate. There was evidence of regular communication with representatives within the care records.

Registered nurses were evidenced in the care records to be aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), speech and language teams (SALT), and the dietician.

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 the registered or deputy manager.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management and knew the registered manager well. Staff stated that the routine in the home had been recently been reviewed, they stated they were consulted in the process and felt that care delivery was much more organised and effective.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas for improvement

One recommendation was stated in regards to registered nursing staff dating and signing patient assessment of need records following review.

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

4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

The general environment of the home was found to be warm, and welcoming. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A number of patient's wardrobes were noted to be difficult to close due to the volume of personal possessions stored within. A recommendation is made to ensure that sufficient wardrobe storage is provided and that the contents of the wardrobes are maintained tidy and organised in keeping with patients' privacy and dignity.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner. A number of compliments letters and cards had been received by the registered manager from relatives and friends of former patients.

Ten questionnaires were issued to patients; none three were returned prior to the issue of this report. Five relative questionnaires were issued to relatives; one was returned prior to the issue of this report. The following comments were provided from patients and relatives in the returned questionnaires and during inspection:

- "I am happy here, everyone is good to me."
- "The food is good."
- "I am well looked after."
- "I am kept informed regarding my …. care."
- "I think staff are attentive and kind."

- "If I call for assistance staff usually come quite quickly."
- "Would like more staff in the mornings."
- "Staff are kept busy."

Fifteen questionnaires were issued to nursing, care and ancillary staff; twelve were returned prior to the issue of this report. The responses to the questions were all positive and staff indicated that in their opinion the service was providing high standards of care. All staff spoken with stated that morale was good in the home. Comments returned in the staff questionnaires included; "meetings were not as regular, however more frequent meetings are now taking place" and "the manager could not be more helpful. It is a good home to work in".

There were a number of activities ongoing in the home. Patients were observed to participate and enjoy a music session provided in the afternoon. Records evidenced that there are various opportunities to encourage patients to become involved in daily activities. Activities were patient led and in accordance with their wishes. Discussion with staff evidenced that there was enthusiasm by all staff to ensure planned activities were organised if the activity therapist was on leave. All staff spoken with stated that the activity programme was varied and reflective of patient preferences.

Areas for Improvement

One recommendation was made in regards to the management of patients' wardrobes.

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

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding the new routine in the home. They were aware that a new deputy manager was employed and what the line management arrangements within the home were and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. A new on-call system has been implemented and discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff stated that they felt included and appreciated that staff meetings were now more frequent and that they felt well directed.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure and confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Information on how to make a complaint was displayed in the front foyer of the home. A record of complaints was maintained by the registered manager. The record included the date the complaint was received and the nature of the complaint. There was evidence that the registered manager assessed that the complainant was satisfied with the outcome of the complaint and the level of satisfaction was recorded.

As previously stated there were numerous thank you cards and letters received from former patients and relatives. These are displayed throughout various areas in the home.

Improvements were observed in the systems established to monitor the quality of the services delivered and a programme of regular auditing has been implemented. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the record of audits evidenced that where an area for improvement was identified, an action plan was developed and it was then re-audited to check the progress. A final check is then carried out when the required improvement has been completed. The auditing process observed is commended on this occasion.

It was discussed how patients and relatives were involved or consulted with regards to issues which affected them. The registered manager confirmed that meetings are held and information is displayed for relatives on dedicated notice boards. Quality monitoring is also conducted with patients at least monthly to ascertain their views. The information regarding their views is displayed in the front foyer of the home.

A review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 are reflective of a detailed and comprehensive auditing process. An action plan was generated to address any areas for improvement and followed up during subsequent monitoring visits.

As stated in the review of the previous recommendations section of the report. The review of the nurse call system was not available on the day of inspection. However, it was forwarded to RQIA following the inspection. A recommendation is made that all records required to be maintained are made available for inspection.

The registered manager confirmed that due to the above arrangements there is now time to oversee all service provision in the home and has had time to push the required improvements in the overall governance of the home.

Areas for Improvement

One recommendation is made in this domain in relation to the management of records. Areas for improvement were also identified in the previous domains of safe and effective and compassionate care. Compliance with the recommendations will improve the overall services provided, the experience of service users and leadership within the home.

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

5.0 Quality improvement plan

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 38 **Stated:** First time **To be completed by:** 13 July 2016	The registered persons should ensure that a copy of emails to and from referees should be maintained in the personnel file for those references received electronically. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: This was done with immediate effect.
Recommendation 2 **Ref**: Standard 6 **Stated:** First time **To be completed by:** 30 August 2016	The registered persons should ensure that patients personal clothing is maintained in a dignified respectful manner: • sufficient wardrobe storage should be available • wardrobes should be tidy and organised to ensure that wardrobe doors closely appropriately **Ref: Section 4.5**
	Response by registered provider detailing the actions taken: Wardrobes are checked on a daily basis to ensure they are tidy and provide sufficient storage.
Recommendation 3 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 13 July 2016	The registered persons should ensure all staff manages waste in keeping with the home's policies and procedures. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: Bins are colour coded and waste collection bags are colour coded and placed in appropriate bins to ensure waste is managed within homes policies and procedures.
Recommendation 4 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 30 July 2016	The registered persons should ensure that bedding and towels are segregated from patient's clothing prior to going to the laundry and they should be laundered separately in keeping with regional guidance. A trolley should be provided in keeping with safe moving and handling guidance to assist staff to safely transport laundry baskets throughout the home. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: New colour coded laundry trollies have been purchased all staff have been informed how laundry needs to be segregated.

Recommendation 5 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 30 August 2016	The registered persons should ensure that the registered nursing staff team, fully record the date, time and signature/designation in patient care records following review of assessment of need. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: This was done with immediate effect and is checked by home manager when carrying out monthly care audits.
Recommendation 6 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 13 July 2016	The registered provider should ensure that all records required to be maintained under Legislation are made available for inspection. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: This was done with immediate effect. The deputy manager has access to all records if the home manager is not on site.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

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