



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

|                               |                           |
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| <b>Name of Establishment:</b> | <b>Maine Nursing Home</b> |
| <b>Establishment ID No:</b>   | <b>1383</b>               |
| <b>Date of Inspection:</b>    | <b>21 May 2014</b>        |
| <b>Inspector's Name:</b>      | <b>Linda Thompson</b>     |
| <b>Inspection ID:</b>         | <b>18461</b>              |

**The Regulation And Quality Improvement Authority**  
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**General Information**

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| <b>Name of Home:</b>   | Maine Nursing Home                                   |
| <b>Address:</b>  | 50a Ahoghill Road<br>Randalstown<br>BT41 3DG         |
| <b>Telephone Number:</b>   | 028 94479955   |
| <b>E mail Address:</b>   | mainenursing@btconnect.com                           |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Adarra Developments Ltd<br>Mr Ian McGoldrick         |
| <b>Registered Manager:</b>   | Fiona Patterson, acting home manager                 |
| <b>Person in Charge of the Home at the<br/>Time of Inspection:</b> | Fiona Patterson, acting home manager                 |
| <b>Categories of Care:</b>   | NH-LD ,NH-LD(E)                                      |
| <b>Number of Registered Places:</b>                                | 25   |
| <b>Number of Patients Accommodated<br/>on Day of Inspection:</b>   | 18   |
| <b>Scale of Charges (per week):</b>                                | £550 - £1097.37                                      |
| <b>Date and Type of Previous Inspection:</b>                       | 30 October & 20 November 2013, Primary<br>inspection |
| <b>Date and Time of Inspection:</b>                                | 21 May 2014<br>08.00 – 15.00                         |
| <b>Name of Inspector:</b>  | Linda Thompson                                       |

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the homes level of compliance with the conditions placed upon their registration.

## 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service was compliant with the conditions placed upon their registration in May 2013 which stipulated the following;

- The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties.
- The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

## 1.2 Methods/Process

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

- Discussion with Registered Provider
- Discussion with the acting home manager
- Discussion with staff
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

### **1.3 Inspection Focus**

Following telephone contact with the Authority by Mrs Mary McGoldrick, director of Adarra Developments Ltd, discussing the difficulties in recruitment of a home manager, RQIA required submission of staff duty rosters to assess the homes level of compliance with one of the conditions placed upon their registration in May 2013 which required;

‘The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties’.

The submitted documentation was examined by the inspector and further concerns were raised in respect of the lack of hours dedicated to management/supervisory duties by the acting home manager.

The inspection focus was to also examine the management and governance arrangements within the home, assess the validity of information contained in the staff duty rosters submitted and to seek assurances that conditions placed upon registration were being fully complied with.

## 2.0 Profile of Service

Maine Nursing home is situated on the outskirts of the village of Randalstown. The nursing home is owned and operated by Adarra Developments Ltd. and Mr Ian McGoldrick is the responsible individual.

The home is currently recruiting for a home manager however Fiona Patterson is acting home manager.

Accommodation for patients/ residents is provided on both floors of the two storey home. Access to the first floor is via a passenger lift and stairs.

Lounge and dining room areas are on the ground floor and bathroom and toilet provision is located throughout the building. The recreational/activity area and multi-sensory room are on the first floor and are adequately equipped to meet the needs of the patients. Laundry and catering facilities are located on the ground floor.

The home is registered to provide care for a maximum of 25 persons under the following categories of care:

NH-LD, NH-LD (E)

### Nursing care

NH-LD      Learning Disability

NH-LD (E)    Learning Disability, over 65 years of age

The inspector verified that the registration certificate which includes imposed conditions of registration was appropriately displayed in the foyer area of the home.

### 3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Maine Nursing Home. The inspection was undertaken by Linda Thompson acting senior inspector on 21 May 2014 from 08.00 to 15.00 hours.

The inspector was welcomed into the home by Ms Fiona Patterson acting home manager who was available throughout the inspection. Mr Ian McGoldrick registered person joined the inspection at 08.40 hours. Verbal feedback of the issues identified during the inspection was given to Mr Ian McGoldrick registered person and director of Adarra Developments Ltd, Mrs Mary McGoldrick director of Adarra Developments Ltd and Ms Fiona Patterson acting home manager at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/residents and a number of staff. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspection was undertaken to seek evidence that the registered person had ensured that the home was fully compliant with the conditions placed upon the registration of the home on 24 May 2013.

The conditions placed upon the registration of the home stipulated that;

1. 'The hours worked in the home by the nurse manager will be supernumerary and dedicated to undertaking management/supervisory duties'.
2. The registered provider must ensure that regulation 29 monthly reports and copies of any other monitoring reports are provided to RQIA within three working days of the visits/reports having been completed. This condition will continue until such time that RQIA is satisfied that the home is operating in sustained compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008.

The inspector was able to validate that the home were fully compliant with condition number two, however validation was sought in respect of condition number one.

The inspector was advised at the commencement of the inspection by the acting home manager that she was not working in a supernumerary capacity and had not been doing so at any time since the previous acting home manager had left employment at the end of March 2014. The acting home manager stated that she was unaware of the conditions placed upon the registration of the home.

The inspector discussed the lack of compliance with condition number one with Mr Ian McGoldrick who had joined the inspection shortly after commencement. Mr McGoldrick stated that he was aware of the conditions placed upon the registration of the nursing home but that he had been unable to recruit a home manager to fill the vacancy. Mr McGoldrick also informed the inspector that he had struggled to source agency registered nurses to assist in staffing.

The inspector discussed the serious legal implications of the breach to Mr McGoldrick and also the urgent need to source registered nursing staff to ensure that the acting home manager was working in a supernumerary capacity and focused on management duties. It was agreed that Mr McGoldrick would make contact with nursing agencies during the inspection visit in an attempt to source appropriate staff as required.

The inspector was informed prior to the conclusion of the inspection that appropriate agency staff had been sourced. These additional registered nursing staff would be allocated to work alongside other staff in the home, delivering care to patients/residents; this would ensure that the acting home manager would be able to fully deliver on the managerial duties of her post.

## **Conclusion**

The inspector can confirm that at the time of this inspection the delivery of care to patients/residents was evidenced to be of an acceptable standard. The home was evidenced to be well maintained, bright and clean. Patients / residents appeared well cared for and comfortable in their environment.

However there was no evidence that the home was being managed appropriately to minimise the risks to patients / residents. The complete lack of managerial input raised significant risk of harm to patients / residents. The lack of management in the home resulted in three requirements being issued in respect of management of notifiable events, staff training and the validation of registered nurses status with NMC.

The inspector due to the focus of this inspection was unable to validate compliance with a significant number of the previous requirements and recommendations. These are therefore carried forward for compliance assessment at the next inspection.

The inspection evidenced that Adarra Developments operating Maine Nursing Home and Mr Ian McGoldrick as the responsible person had breached one of the conditions placed upon the registration of the home in May 2013.

As a consequence of this action RQIA required an urgent meeting be held with Adarra Developments Ltd to consider further enhanced enforcement actions.

The inspector would like to thank the patients/*residents*, the acting home manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

#### 4.0 Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements  | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|-----------------|---|---|--------------------------------------|
| 1.  | 20(1)(c)(i)     | <p>The responsible individual must ensure that staff are provided with COSHH training commensurate with their role and responsibility, and effective systems are implemented to ensure that all training provided is fully embedded into staff practice, and records are maintained of this process.</p> <ul style="list-style-type: none"> <li>The responsible individual must provide confirmation to RQIA that three registered nurses and 9 care assistants have completed COSHH training.</li> </ul> | The inspector did not examine compliance of this requirement on this occasion. This requirement is carried for validation at the next inspection visit. | Not inspected on this occasion.      |
| 2.  | 17,(1)(2)(3)    | The responsible individual must ensure that a copy of the report for 2013, which evidences the review of nursing and other services and incorporates the views of patients and their nominated representatives, is completed for 2013 and submitted to RQIA.  | The inspector did not examine compliance of this requirement on this occasion. This requirement is carried for validation at the next inspection visit. | Not inspected on this occasion.      |



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|----|---------------------|--|--|--|
| 3. | 20(1)(a)(c)(i)(iii) | <p>The responsible individual must implement effective systems to ensure all staff are up to date with procedures and evidenced based practice and have the required skills, knowledge and competence in relation to restraint and or restrictive practices.</p> <ul style="list-style-type: none"> <li>• When undertaking wound care staff require training to confirm this can be undertaken safely and effectively and their competency is assessed in this regard.</li> <li>• All care staff must receive training in pressure care prevention.</li> </ul> | <p>The inspector did not examine compliance of this requirement on this occasion. This requirement is carried for validation at the next inspection visit.</p> | <p>Not inspected on this occasion.</p> |
| 4. | 13(1)(b)            | <p>The responsible individual must ensure that when restrictive practices are implemented, care records for these patients evidence:</p> <ul style="list-style-type: none"> <li>• detailed information of who was involved in the decision making</li> <li>• information on the identified risks and confirmation of what other options had been considered and why they were ineffective</li> <li>• the review process.</li> </ul>  | <p>The inspector did not examine compliance of this requirement on this occasion. This requirement is carried for validation at the next inspection visit.</p> | <p>Not inspected on this occasion.</p> |

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| 5. | 13(1)(a) | The responsible individual must ensure that proper provision is made for the nursing, health and welfare of patients by ensuring that each patient's health and welfare needs are safely met and care records reflect information contained within postural passports and advise RQIA on the outcome. | The inspector did not examine compliance of this requirement on this occasion. This requirement is carried for validation at the next inspection visit. | Not inspected on this occasion. |
|----|----------|---|---|---------------------------------|

| No. | Minimum Standard Ref. | Recommendations  | Action Taken - As Confirmed During This Inspection   | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|--------------------------------------|
| 1.  | 25.2                  | <p>The registered person must ensure all incident records includes:</p> <ul style="list-style-type: none"> <li>• the date of each incident and</li> <li>• the date and signature of person completing the review is included on the post incident review format.</li> <li>• the registered person must provide confirmation to RQIA that an effective and sustainable system has been implemented to ensure nursing and care staff are informed of post incident reviews completed in respect of each patient.</li> </ul> <p><b>Ref: Follow up on previous issues, requirement 1</b></p> | This recommendation is carried forward for validation at the next inspection visit.  | Not inspected on this occasion.      |
| 2.  | 29.4                  | The registered person must provide confirmation to RQIA that an effective and sustainable system is implemented to ensure all staff including two identified registered nurses and ancillary staff have received staff supervision in accordance with the DHSSPS Nursing Homes Minimum Standards.  | <p>The inspector was informed that staff supervision is not yet established as detailed in recommendation.</p> <p>This matter is raised for a second time as a consequence of this inspection.</p> | Not compliant                        |

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|----|-------|--|---|---------------------------------|
| 3. | 6.2   | The registered person must ensure that the time of recording is consistently recorded in all nursing records.  | The inspector can confirm that from records inspected the time of recording was evidenced to be appropriately recorded. | Compliant                       |
| 4. | 25.12 | The registered person should ensure that a policy and procedure reflective of legislative requirements is developed for the completion of Regulation 29 visits.  | This recommendation is carried forward for validation at the next inspection visit.                                     | Not inspected on this occasion. |
| 5. | 25.12 | The registered person should ensure that an effective process is implemented to inform patients /representatives of the availability of the monthly regulation 29 report and how it can be accessed. The report should be provided in a suitable format. | This recommendation is carried forward for validation at the next inspection visit.                                     | Not inspected on this occasion. |
| 6. | 16.1  | The registered person should ensure that the safeguarding policy specific to Maine has read and signed by all staff and records of this process are maintained.  | This recommendation is carried forward for validation at the next inspection visit.                                     | Not inspected on this occasion. |

|    |       |   |  |                                 |
|----|-------|---|--|---------------------------------|
| 7. | 10.7  | The registered person should ensure that staff have one restraint policy which takes account of human rights legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safeguards (DOLS) and which has been ratified by the responsible individual.   | This recommendation is carried forward for validation at the next inspection visit.  | Not inspected on this occasion. |
| 8. | 25.20 | The registered person should ensure that effective systems are implemented to ensure newly appointed staff receives whistleblowing information during induction.  | This recommendation is carried forward for validation at the next inspection visit.  | Not inspected on this occasion. |
| 9. | 5.3   | <p>The registered person should ensure that patients are weighed at least monthly and a rationale is recorded if this not required.</p> <p>In addition the auditing frequency of care records should be increased to at least 11 days post admission, following hospital admissions and when there are changes in the patients' care needs.</p> | <p>The inspector can confirm from records examined that patients are weighed at least monthly.</p> <p>Care records were evidenced to be maintained to a satisfactory standard.</p> | Compliant                       |

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection 30 October 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Maine Nursing Home.

## 5.0 Inspection Findings.

### 5.1 Staff duty roster

The inspector examined the staff duty rosters from the beginning of March 2014 to 3 May 2014.

The acting home manager confirmed that based upon a dependency assessment of patients there should be;

- The acting home manager should be supernumery every shift to focus on managerial and staff supervision duties
- two registered nurses should be on duty 08.00 – 20.00 every day
- four care staff to support care delivery every morning
- three care staff to support care delivery each evening.

On examination of the duty roster the inspector noted a number of gaps in the staffing levels required.

Concerns identified in the staff duty roster include;

- There was clear evidence that whilst the previous manager was in employment she had been working appropriately in a supernumery capacity and was providing a strong managerial lead to the staff
- there was no evidence on the staff duty rosters from week commencing 23 March 2014 that any attempt had been made to ensure that the acting home manager was working in a supernumery/managerial capacity
- there was repeated evidence on the staff duty roster of registered nurses being transferred from Maine Nursing Home to work in Ladyhill Nursing Home a sister home in the Adarra Developments Ltd organisation
- there were a number of occasions evidenced on the duty roster that the acting home manager worked in Ladyhill nursing home leaving Maine nursing home without the continuity of a full time lead nurse.
- it was of significant concern that the acting home manager worked in Ladyhill Nursing Home for the entire week commencing 6 April 2014
- on a number of occasions there was evidence that both registered nurses and care staff were not working in sufficient numbers as identified by the acting managers patient dependency assessment

## 5.2 Incident reports

The inspector evidenced that incident management had been managed appropriately with records of a post incident review and analysis maintained up to November 2013. However, despite the previous manager being in post until March 2014; there was no evidence to validate that incidents have been managed appropriately on every occasion from December 2013 to March 2014.

There continued to be no sustained appropriate management of incidents after the previous manager left post at the end of March 2014 to the date of the inspection visit 21 May 2014. Of the four incidents examined two were reported appropriately and two were not.

**A requirement is raised in accordance with Regulation 30(1) (d) of the Nursing Homes Regulations (Northern Ireland) 2005.**

## 5.3 Quality assurance and Governance

The inspector sought to examine the Monthly audits undertaken by the acting home manager. Records examined evidenced that prior to the leaving of the previous home manager in March 2014 there were audits maintained on the following;

- staff training
- policy signing
- patient care records
- post incident reviews
- quality of recording
- competency and capability

Since the previous manager left post the acting home manager confirmed that she has not been able to maintain any of the quality assurance/ governance audits detailed above due to lack of management hours.

## 5.4 Staff Meetings

The acting home manager confirmed that a staff meeting was held on 15 May 2014; however the minutes of this meeting have not been able to be typed up and circulated to staff due to the limitations on the acting manager's hours in the home.

## 5.5 Staff Supervision

The inspector sought to review the management of staff supervision with the acting home manager.

The inspector examined a staff supervision matrix. Whilst the matrix was available there was no evidence that formal supervision of staff was maintained from November 2013. The inspector was advised that observational supervision of three care staff had been undertaken by the acting home manager in 2014. Records of this were not available for inspection. The inspector reminded the acting home manager that quality assurance of staff by means of supervision was essential to minimising the risks to patient's health and welfare.



## 5.6 Staff training

The inspector reviewed the staff training matrix.

Analysis of the staff training for the year 2013 evidenced that only one session of fire training had been provided to approximately 33% of staff. The inspector reminded the acting manager that two sessions on fire awareness for all staff was part of mandatory training and as such must be provided with urgency.

**A requirement is raised in accordance with Regulation 27 (4) (e) (f) of the Nursing Homes Regulations (Northern Ireland) 2005.**

## 5.7 Care Records

The inspector examined two sets of patient care records. The identity of the individuals is known to the acting home manager.

Care records were evidenced to be generally well maintained. The records were found to be detailed and comprehensive; they were completed contemporaneously and were in keeping with professional guidance.

## 5.8 Recruitment checks on professional registration status prior to employment of registered nurses.

The inspector sought to confirm that all registered nurses have their registration status checked prior to commencement of employment in the home and on an annual basis thereafter.

One identified registered nurse was evidenced to have commenced employment without having their Nursing and Midwifery Council (NMC) registration status confirmed.

The inspector raised concerns regarding this immediately and the matter was appropriately actioned prior to the inspector completing the inspection.

**A requirement is raised in accordance with Regulation 21 (1) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.**

## 6.0 Additional areas examined

The inspector as part of the inspection process was able to examine a number of general areas of the home. The inspector can confirm that all areas of the home appeared bright, clean and well maintained. Patients/residents appeared well groomed and very content with life in the home. There were a number of activities ongoing in the foyer area of the home and patients / residents were evidenced to be enjoying the interactions.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Ian McGoldrick, registered person and director of Adarra Developments Ltd, Mrs Mary McGoldrick director of Adarra Developments Ltd and Ms Fiona Patterson acting home manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Linda Thompson  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



## Quality Improvement Plan

### Unannounced Secondary Inspection

#### Maine Nursing Home

21 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Ian McGoldrick responsible person and director Adarra Developments Ltd, Mrs Mary McGoldrick director Adarra Developments Ltd, Ms Fiona Patterson acting home manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Statutory Requirements**

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

| No. | Regulation Reference | Requirements  | Number of Times Stated | Details Of Action Taken By Registered Person(S)   | Timescale       |
|-----|----------------------|---|------------------------|---|-----------------|
| C/F | 20(1)(c)(i)          | <p>The responsible individual must ensure that staff are provided with COSHH training commensurate with their role and responsibility, and effective systems are implemented to ensure that all training provided is fully embedded into staff practice, and records are maintained of this process.</p> <ul style="list-style-type: none"> <li>The responsible individual must provide confirmation to RQIA that three registered nurses and 9 care assistants have completed COSHH training.</li> </ul> <p><b>Ref section 4</b></p> | Two                    | <p>All staff have received COSHH training for 2013. Within this training year (2014) - 17 have completed training and 24 have to attend training, further training dates have been arranged for 29<sup>th</sup> September and 12<sup>th</sup> November and all staff are aware of this. A questionnaire has been sourced which will be issued to staff once they have completed their training - this is to ensure training has been embedded into practice. Once questionnaires are issued and returned these will be kept in staff personal files. A list is available in the staff training folder detailing staff who have attended this training, the training matrix also shows who has attended and who is required to attend.</p> | By end May 2014 |
| C/F | 17,(1)(2)(3)         | The responsible individual must ensure that a copy of the report for 2013, which evidences the review of nursing and other services and incorporates the views of patients and their nominated representatives, is completed for  | One                    | The relevant report was enclosed with the Quality Improvement Plan sent on 23 <sup>rd</sup> May 2014  | By end May 2014 |

|     |                     |  |     |   |             |
|-----|---------------------|--|-----|---|-------------|
|     |                     | 2013 and submitted to RQIA.<br><br><b>Ref section 4</b>  |     |   |             |
| C/F | 20(1)(a)(c)(i)(iii) | <p>The responsible individual must implement effective systems to ensure all staff are up to date with procedures and evidenced based practice and have the required skills, knowledge and competence in relation to restraint and or restrictive practices.</p> <ul style="list-style-type: none"> <li>• When undertaking wound care staff require training to confirm this can be undertaken safely and effectively and their competency is assessed in this regard.</li> <li>• All care staff must receive training in pressure care prevention.</li> </ul> <p><b>Ref section 4</b></p> | One | <p>A policy of the month system is being introduced in the home to ensure all staff are up to date with relevant policies. The focus at present is on minimal / no restraint. A questionnaire has also been devised for staff which will demonstrate knowledge in this area.</p> <p>2 nurses attended an RCN Tissue Viability Seminar on 3<sup>rd</sup> June 2014. This information will be passed onto other staff through supervision sessions and also at the monthly staff meeting in August. We continue to actively pursue training for all staff in relation to pressure care from the tissue viability service in NHSCT. We have sent e-mails and contacted the team on 9<sup>th</sup> July with our request for training. A phone call was received from a member of the tissue viability team on 15<sup>th</sup> July and we are to contact them again mid September to organise a date for training for all staff.</p> | 31 May 2014 |

|     |           |   |     |   |                                      |
|-----|-----------|---|-----|---|--------------------------------------|
| C/F | 13(1)(b)  | <p>The responsible individual must ensure that when restrictive practices are implemented, care records for these patients evidence:</p> <ul style="list-style-type: none"> <li>• detailed information of who was involved in the decision making</li> <li>• information on the identified risks and confirmation of what other options had been considered and why they were ineffective</li> <li>• the review process.</li> </ul> <p><b>Ref section 4</b></p> | One | The previous acting manager had devised a restrictive practice form. This has since been adjusted to include what the risks are to the resident and what other options have been considered. All nurses were reminded of their responsibility to use these forms at a meeting on 1 <sup>st</sup> May 2014.  | 31 May 2014                          |
| C/F | 13(1)(a)  | <p>The responsible individual must ensure that proper provision is made for the nursing, health and welfare of patients by ensuring that each patient's health and welfare needs are safely met and care records reflect information contained within postural passports and advise RQIA on the outcome.</p> <p><b>Ref section 4</b></p>  | One | At a nurses meeting on 1 <sup>st</sup> May, nurses were advised of their responsibility to include appropriate information from the postural passports in the residents care plans. After discussion with a NHSC representative and further contact with the occupational therapists, aspects of the wording within these has now been clarified. | From date of inspection and on going |
| 1   | 30 (1)(d) | <p>The registered person must ensure that all reportable events are forwarded to RQIA in accordance with legislation.</p> <p><b>Ref section 5.2</b></p>   | One | All nursing staff are aware of their responsibility to ensure reportable events are forwarded onto the RQIA and relevant trusts. A monthly audit of accidents / incidents is undertaken by the manager, this is to include checking   | From 21 May 2014 and on going        |

|   |             |   |     |  |                               |
|---|-------------|---|-----|--|-------------------------------|
|   |             |   |     | through the accident book and ensuring all reportable events have been forwarded.  |                               |
| 2 | 27(4)(e)(f) | <p>The registered person must ensure that all staff receives appropriate fire training in keeping with Legislation and DHSSPS Minimum Standards.</p> <ul style="list-style-type: none"> <li>• The training matrix should be updated to reflect the need for fire awareness training every 6 months</li> <li>• records of training should be appropriately maintained and available for inspection</li> <li>• evidence of fire drills should be available to test staff knowledge and ensure that training delivered is fully embedded into practice.</li> </ul> <p><b>Ref section 5.6</b></p> | One | <p>The training matrix has been updated to include the date when staff had their last fire training. Staff are aware of the need to attend this every 6 months as opposed to just twice a year. An extra date for fire training has been organised for 15<sup>th</sup> August 2014 and staff made aware of who must attend to ensure compliance with training requirements. The training matrix is available within the training folder along with a list of who has attended training (in the appropriate section.)</p> <p>When updating the training matrix in relation to fire training, fire drills were added into this also.</p> | From 21 May 2014 and on going |
| 3 | 21(1)(b)    | <p>The registered person must ensure that all registered nurses have their registration checked with the Nursing and Midwifery Council (NMC) prior to commencement of employment and at least annually thereafter.</p> <p><b>Ref section 5.8</b></p>  | One | <p>The registration of all nurses within the home is checked at least on an annual basis. The relevant people are aware of the need to check this before a nurse commences employment within the home.</p>   | From 21 May 2014 and on going |

**Recommendations**

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations   | Number Of Times Stated | Details Of Action Taken By Registered Person(S)  | Timescale       |
|-----|----------------------------|---|------------------------|--|-----------------|
| C/F | 25.2                       | <p>The registered person must ensure all incident records includes:</p> <ul style="list-style-type: none"> <li>• the date of each incident and</li> <li>• the date and signature of person completing the review is included on the post incident review format.</li> <li>• the registered person must provide confirmation to RQIA that an effective and sustainable system has been implemented to ensure nursing and care staff are informed of post incident reviews completed in respect of each patient.</li> </ul> <p><b>Ref section 4</b></p> | One                    | <p>The relevant staff are aware of their responsibility to ensure each post incident review is appropriately signed and dated. Post incident reviews are placed in the incident/accident folder (placed along with the incident that has occurred). Staff are aware of their responsibility to access and read this information. Any incidents/accidents are discussed at the handover report. These will also be discussed at the next staff meeting (after the incident has occurred).</p> | By end May 2014 |
| C/F | 29.4                       | <p>The registered person must provide confirmation to RQIA that an effective and sustainable system is implemented to ensure all staff including two identified registered nurses and ancillary staff have received staff supervision in accordance with the DHSSPS Nursing Homes Minimum Standards.</p> <p><b>Ref section 4</b></p>  | One                    | <p>Supervision has been carried out for the 2 identified nurses and this has commenced for ancillary staff. Informal supervision is ongoing within the home for all members of staff. A supervision record list is available in the nurses office detailing who has received supervision and what topic was discussed. A staff list has been placed in</p>   | By end May 2014 |



|     |       |  |     |  |                     |
|-----|-------|--|-----|--|---------------------|
|     |       |  |     | the nurses office detailing which nursing assistants each nurse has responsibility for completing individual supervision with.<br>A nurses supervision timetable is also in place. |                     |
| C/F | 25.12 | The registered person should ensure that a policy and procedure reflective of legislative requirements is developed for the completion of Regulation 29 visits.<br><br><b>Ref section 4</b>  | One | A policy in relation to the Regulation 29 visits has been completed and is available within the policy folder.   | By end January 2014 |
| C/F | 25.12 | The registered person should ensure that an effective process is implemented to inform patients /representatives of the availability of the monthly regulation 29 report and how it can be accessed. The report should be provided in a suitable format.<br><br><b>Ref section 4</b> | One | A notice is available on the relatives notice board (in the front hall) to make families aware of the availability of the Regulation 29 report and were they can access this at.   | By 31 May 2014      |
| C/F | 16.1  | The registered person should ensure that the safeguarding policy specific to Maine has read and signed by all staff and records of this process are maintained.<br><br><b>Ref section 4</b>  | One | All staff have signed this policy, signing sheet is available along with the Vulnerable Adults policy in the homes policy folder.  | By 31 May 2014      |
| C/F | 10.7  | The registered person should ensure that staff have one restraint policy which takes account of human rights legislation, the recording of best interest's decisions and the   | One | The home has an operational policy entitled Deprivation of Liberty Safeguards and Human Rights which states it is to be  | By 31 May 2014      |

|     |       |   |     |  |                |
|-----|-------|---|-----|--|----------------|
|     |       | <p>DHSSPS Deprivation of Liberty Safeguards (DOLS) and which has been ratified by the responsible individual.</p> <p><b>Ref section 4</b></p>   |     | <p>read in conjunction with Minimal and No Restraint Policy. This has been signed by the responsible individual.</p>   |                |
| C/F | 25.20 | <p>The registered person should ensure that effective systems are implemented to ensure newly appointed staff receives whistleblowing information during induction.</p> <p><b>Ref section 4</b></p> | One | <p>The current induction programme covers various aspects of Safeguarding Vulnerable Adults - including staff's responsibility in relation to whistle blowing.</p> | By 31 May 2014 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk)

|   |                                    |
|---|------------------------------------|
| <b>Name of Registered Manager Completing Qip</b>                                | Fiona Paterson<br>(Acting manager) |
| <b>Name of Responsible Person / Identified Responsible Person Approving Qip</b> | Ian McGoldrick                     |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  | yes        | Linda Thompson   | 4/7/14      |
| Further information requested from provider                   |            |                  |             |