



Unannounced Care Inspection

Name of Establishment: Maine Nursing Home

RQIA Number: 1383

Date of Inspection: 20 February 2015

Inspector's Name: Lyn Buckley

Inspection ID: IN018665

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Maine Nursing Home
Address:	50a Ahoghill Road Randalstown BT41 3DG
Telephone number:	02894479955
Email address:	mainenursing@btconnect.com
Registered organisation/Responsible individual/Registered provider:	Adarra Developments Ltd Mr Ian McGoldrick – responsible individual
Registered manager:	Fiona Paterson – acting manager
Person in charge of the home at the time of inspection:	Fiona Paterson – acting manager
Categories of care:	NH: LD and LD(E)
Number of registered places:	25
Number of patients accommodated on day of inspection:	18
Scale of Charges (per week):	£624- £986
Date and type of previous inspection:	21 May 2014 Secondary unannounced care inspection
Date and time of inspection:	20 February 2015 10:45 – 15:10 hours
Name of inspector:	Lyn Buckley

2.0 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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- discussion with the responsible individual
- discussion with the acting home manager
- discussion with staff
- consultation with patients and relatives
- review of a sample of staff duty rotas
- review of a sample of care records
- review of the complaints, accidents and incidents records
- review of training records pertaining to safeguarding
- review of staff supervision records
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	2 patients and met the majority of other patients
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Relatives/Representatives	6	1 at the time of issuing this report
Staff	10	5

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Maine Nursing Home is situated on the outskirts of the village of Randalstown Co Antrim. The nursing home is owned and operated by Adarra Developments Ltd. Mr Ian McGoldrick, company director, is the responsible individual. The home is recruiting for a home manager. Registered nurse Fiona Paterson is the acting home manager. Mrs Paterson has been acting manager since 21 March 2014.

Accommodation for patients 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 located on the ground floor with communal bathroom and toilet provision 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:

Nursing care (NH)

LD	Learning disability
LD (E)	Learning disability, over 65 years of age

8.0 Executive Summary

This unannounced care inspection of Maine Nursing Home was undertaken by Lyn Buckley on 20 February 2015 between 10:45 and 15:10 hours. The inspection was facilitated by Fiona Paterson, acting manager. Verbal feedback at the conclusion of the inspection was provided to Ms Paterson and Mr McGoldrick.

On 24 May 2013 RQIA placed conditions upon the registration of the home which required 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.

Compliance with the conditions imposed is monitored by RQIA on an ongoing basis. RQIA receive, from the responsible individual confirmation of the hours worked by the acting manager and a copy of the regulation 29 monthly report as required.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 21 May 2014.

As a result of the previous care inspection three requirements were made and five requirements and seven recommendations were carried forward for review. The inspector reviewed and validated the home's progress regarding the requirements and recommendations made or carried forward and evidenced that all requirements and recommendations had been complied with. For details refer to the section immediately following this summary.

Additional areas were also examined during the inspection which included:

- care practices
- complaints
- NMC registrations
- patients' and relatives' comments
- staff comments
- staffing
- environment.

The home provided a comfortable environment for patients and all areas were maintained to a good standard of hygiene.

Staff were observed to treat the patients with dignity and respect. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly and appropriately. Refer to section 11.1.

Comments and responses from two patients and the demeanour of other patients indicated that they were relaxed in their surroundings and comfortable with staff interactions.

Patients spoken with confirmed that they were happy living in the home, that staff looked after them well and that the food was *'all right'*.

One relative spoken with commented positively regarding the management of the home and the care provided for their loved one. Refer to section 11.4.

Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

In three of the returned questionnaires staff indicated that they were concerned that there was not enough time to listen and talk with patients. Based on observations of care delivery, review of duty records for nursing and care staff and discussions with patients, staff and one relative, it was concluded that staffing levels met the assessed needs of the patients. Refer to section 11.5 and 11.6.

Review of duty rotas, discussion with staff on duty and one relative and observation of care delivery confirmed that staffing levels met the assessed needs of the patients.

Conclusion

Based on the evidence available during the inspection, the inspector concluded that the delivery of care to patients was safe, effective and compassionate.

Standard 19: continence management was assessed as substantially compliant. Recommendations were made in relation to the availability of guidance documents for staff, ensuring staff record bowel patterns using the Bristol Stool Chart, the provision of training/awareness on management of bladder and bowels including incontinence care and the development of the induction record in relation to continence care and management of incontinence. Refer to section 10 for details.

As a result of this inspection one requirement and five recommendations were made. The requirement made was in relation the management of chemicals stored in sluice rooms with four recommendations made in respect of standard 19: continence management and one in relation to the checking of nurses' registration status.

The inspector would like to thank the patients, relatives, management and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the relatives and staff who completed questionnaires.

9.0 Follow-Up on previous requirements made as a result of the previous inspection on 21 May 2014 and the requirements and recommendations carried forward from the inspection conducted on 30 October and 20 November 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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"> The responsible individual must provide confirmation to RQIA that three registered nurses and 9 care assistants have completed COSHH training. 	<p>Review of training records, discussion with the acting manager and observations evidenced that this requirement had been addressed.</p>	<p>Compliant</p>
C/F	17,(1)(2)(3)	<p>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.</p>	<p>Evidence reviewed confirmed that the report was submitted to RQIA.</p>	<p>Compliant.</p>
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</p>	<p>Review of training records, staff supervision records, discussion with the acting manager, staff and a sample of patient care records</p>	<p>Compliant.</p>

		<p>skills, knowledge and competence in relation to restraint and or restrictive practices.</p> <ul style="list-style-type: none"> • When undertaking wound care staff require training to confirm this can be undertaken safely and effectively and their competency is assessed in this regard. • All care staff must receive training in pressure care prevention. 	<p>evidenced that this requirement had been addressed.</p>	
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"> • detailed information of who was involved in the decision making • information on the identified risks and confirmation of what other options had been considered and why they were ineffective • the review process 	<p>Review of patient care records and discussion with the acting manager evidenced that this requirement had been addressed.</p>	<p>Compliant.</p>
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</p>	<p>Review of postural passport and care records for one patient and discussion with the acting manager evidenced that when the delivery of care differed from the prescription of care within the postural passport</p>	<p>Compliant.</p>

		postural passports and advise RQIA on the outcome.	that the Trust's occupational therapist (OT) involved would be contacted. The OT then advised nursing staff and/or visited the home to address concerns. Evidence of the management of concerns and the action taken was maintained.	
1	30 (1)(d)	The registered person must ensure that all reportable events are forwarded to RQIA in accordance with legislation.	Review of a random sample of accident records and notifications forwarded to RQIA evidenced that this requirement had been addressed.	Compliant.
2	27(4)(e)(f)	The registered person must ensure that all staff receives appropriate fire training in keeping with Legislation and DHSSPS Minimum Standards. <ul style="list-style-type: none"> • The training matrix should be updated to reflect the need for fire awareness training every 6 months • records of training should be appropriately maintained and available for inspection • evidence of fire drills should be available to test staff knowledge and ensure that training delivered is fully embedded into practice. 	Review of training records evidenced that this requirement had been addressed.	Compliant.
3	21(1)(b)	The registered person must ensure that all	Discussion with the acting manager	Compliant.

		<p>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>and review of records evidenced that NMC registration checks had been checked following the previous inspection and any new registered nurses employed would have their registration checked prior to commencing employment. As stated this requirement had been addressed. Refer to section 11.3.</p>	
--	--	---	--	--

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
C/F	25.2	<p>The registered person must ensure all incident records includes:</p> <ul style="list-style-type: none"> • the date of each incident and • the date and signature of person completing the review is included on the post incident review format. • 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. 	<p>Review of a random sample of accident records and accident analysis for November and December 2014 evidenced that this recommendation had been addressed.</p> <p>Accident analysis for January 2015 had been undertaken but was not yet permanently recorded. The acting manager stated that she had planned to do this on the day of this inspection. It was agreed that the acting manager would complete this task as soon as possible.</p>	Complaint.
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>Discussion with the acting manager and review of supervision records and the planner for 2015 evidenced that this recommendation had been addressed.</p>	Complaint.
C/F	25.12	<p>The registered person should ensure that a policy and procedure reflective of legislative requirements is developed for the completion of Regulation 29 visits.</p>	<p>Review of the policy evidenced that this recommendation had been addressed.</p>	Complaint.

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.	A notice was displayed on the relatives' notice board in the foyer.	Compliant.
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.	Review of the policy and records of staff signatures evidenced that this recommendation had been addressed.	Compliant
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 DHSSPS Deprivation of Liberty Safeguards (DOLS) and which has been ratified by the responsible individual.	A restraint policy dated October 2013 was in place. Information and guidance regarding human rights, best interests decision making, DHSSPS guidance on DOLs were available alongside with the policy.	Complaint.
C/F	25.20	The registered person should ensure that effective systems are implemented to ensure newly appointed staff receives whistleblowing information during induction.	Discussion with the acting manager and Mrs Mary McGoldrick, company director, evidenced the information and training provided to new employees in respect of safeguarding and whistleblowing.	Compliant.

9.1 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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in 12 May 2014, RQIA have been notified by the home of ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The NHSCT safeguarding team are managing these SOVA issues under the regional adult protection policy/procedures.

Multi agency investigations are currently ongoing, involving the Police Service for Northern Ireland (PSNI) and the trust. Other trusts have been informed by NHSCT as relevant. RQIA are not part of the investigatory process. However, RQIA have been kept informed at all stages of the investigations by the trust and have attended multi agency strategy meetings as deemed appropriate. RQIA and NHSCT maintain regular liaison about the home.

Discussion with the acting manager and responsible individual confirmed that they were liaising closely with safeguarding teams, as required and in accordance with regional adult protection policies and procedures.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	
Inspection Findings:	
<p>Review of two patients' care records evidenced that bladder and bowel assessments were undertaken at the time of admission to the home. These assessments included information provided by the family/representatives and the trust.</p> <p>Care plans were in place to direct staff on the management of the patient's needs. Care plans were patient centred and detailed. There was evidence of regular review.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed:	COMPLIANCE LEVEL
19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	
Inspection Findings:	
Information pertaining to the Bristol Stool Chart was available in the home but the practice of using this tool to	Substantially compliant

<p>record the management of bowels had not been implemented. Up to date guidance on bladder and bowel management and nursing care of incontinence were not available in the home. This was discussed during feedback.</p> <p>A recommendation has been made that guidelines are to be made readily available to staff on the management of urinary and faecal incontinence, the management of urinary catheters and if applicable the management of stomas.</p> <p>A further recommendation has been made that the acting manager ensures that staff record bowel patterns using the Bristol Stool Chart.</p>	
---	--

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

<p>Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Not inspected on this occasion.</p>	<p align="center">Not assessed.</p>
<p>Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the acting manager evidenced that while staff managed incontinence care on a daily basis, formal training had not yet been sourced. The acting manager confirmed that she had been trying to source a trainer for this area of practice but had been unsuccessful. During feedback the delivery of an 'in house' training session was suggested and discussed.</p> <p>Training was available to staff on how to use incontinence pads. This was provided through the supplier.</p>	<p align="center">Substantially compliant.</p>

<p>A recommendation was made that management consider the introduction of an 'in house' training/awareness programme for staff in the management and care of the bladder and bowel, promotion of continence and management of incontinence.</p> <p>Currently urinary catheterisation was not required; however the acting manager confirmed that if required registered nurses could access specialists within the trust to provide support.</p> <p>Review of induction records for one member of staff evidenced that the induction included skin care and pressure area care. There was no specific mention of continence/incontinence care.</p> <p>A further recommendation has been made that management considers including a section in relation to continence/incontinence management within the induction programme for new nursing and care staff.</p>	
---	--

<p>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</p>	<p>Substantially Compliant</p>
---	---------------------------------------

11.0 Additional Areas Examined

11.1 Care Practices

Staff were observed to treat the patients with dignity and respect. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly and appropriately.

Comments and response from two patients and the demeanour of other patients indicated that they were relaxed in their surroundings and comfortable with staff interactions.

Observations made during the serving of the lunch time meals evidenced that patients were assisted in a dignified and timely manner and that where possible independence was promoted and encouraged. There was evidence of good relationships between patients and staff.

11.2 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

11.3 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC). The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC on 30 June 2014.

Discussion with the acting manager and review of records evidenced that NMC registration checks had been carried out following the previous inspection in May 2014 but none since. Therefore, the registration status of nurses was not checked at the time of expiry.

During feedback it was agreed that the acting manager and the responsible individual would check the registration status of all registered nurses and inform RQIA that this was completed. An email was received by RQIA on 25 February 2015 confirming this had been completed.

However, a recommendation has been made that a more robust system is established and implemented to ensure that each registered nurse's registration status is checked at the time of expiry.

11.4 Patients and Relatives Comments

During the inspection the inspector spoke with two patients individually and greeted the majority of others in smaller groups. From discussion with the two patients and from the demeanour of patients who could not verbally express their views it was concluded that patients were relaxed in their surroundings.

Patients spoken with confirmed that they were happy living in the home, that staff looked after them well and that the food was *'all right'*.

One relative spoken with commented positively regarding the management of the home and the care provided for their loved one.

Six relative questionnaires were left for distribution by the acting manager to visiting relatives. At the time of writing this report, one had been returned to RQIA. The respondent's recorded responses were positive. No additional comments were made.

11.5 Staff Comments

The inspector spoke with four staff and five staff completed questionnaires.

Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

In three of the returned questionnaires staff indicated that they were concerned that there was not enough time to listen and talk with patients. In addition, these respondents indicated that at times the home was 'short staffed'. As the inspector reviewed the questionnaire responses post inspection, these comments were discussed with the responsible individual by telephone on 10 March 2015. The responsible individual confirmed that he would address matters raised regarding staffing levels with all staff to ensure they understood how staffing levels were determined and to discuss how staff could take time to talk and listen. Refer to the inspection findings on staffing in the next section.

Examples of staff comments were as follows;

"I am very happy working in the home."

"This is a good home we work well as a team."

"The patients are well cared for."

"Care in this home is 100% when the proper amount of staff are on..."

11.6 Staffing

The acting manager confirmed that planned staffing levels for 18 patients were:

morning shift	2 registered nurses and 4 care assistants
afternoon shift	2 registered nurses and 3 care assistants
night duty shift	1 registered nurse and two care assistants.

Based on observations of care delivery, review of duty records for nursing and care staff and discussions with patients, staff and one relative, it was concluded that staffing levels met the assessed needs of the patients.

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a good standard of hygiene.

Observation and discussion confirmed that the door to the first floor sluice room was not kept locked. As the home provided a cleaning fluid dosage system for staff to use in the sluice, and

the container of chemical was accessible a requirement is made that the acting manager and responsible individual ensure that sluice room doors are maintained locked to ensure the risk of any patient accessing chemicals is eliminated and in accordance with COSHH requirements.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Ian McGoldrick, responsible individual, and Fiona Paterson, acting 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:

Lyn Buckley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Lyn Buckley
Inspector/Quality Reviewer

Date

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.1</p> <ul style="list-style-type: none"> At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment. <p>Criterion 5.2</p> <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission. <p>Criterion 8.1</p> <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent. <p>Criterion 11.1</p> <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.1 Prior to a resident being admitted a current care plan and any other relevant documentation are received by the home from the multidisciplinary team / Trust worker. The home would liaise closely with the prospective new patient's Trust worker to ensure that all the required information is shared prior to the pre-admission visit. Further information can be obtained during a pre-admission visit. An identified nurse within the home uses the information gathered from the various sources to carry out and complete an initial assessment and a plan of care that will meet the individual's needs. A referral and admissions policy is in place within the home and a respite folder is available, information contained</p>	Moving towards compliance

within these will help to guide the admission process.

5.2

Assessments and care plans are formulated using the Roper, Logan and Tierney model of care, the initial assessment is based on information gathered from various sources but this is then developed further and individualised as the named nurse gains personal knowledge of the individuals needs. All nursing staff are aware that the care plan, assessments and risk assessments are to be completed and in place within 11 days of a new admission to the home.

8.1

On admission to the home nutritional screening is carried out with all patients using the Community Nutritional Screening Tool

11.1

Prior to admission to the home it would be identified if the patient had any wounds / pressure sores or was at risk of developing these. Appropriate equipment would be obtained for the patient if required. Braden scale and nutritional assessments are carried out on admission to the home. A pain assessment is available within the home but is not at present used routinely with a new admission, it would be initiated in the event of a new patient showing any sign of pain. No continence assessment is in place at present but this task will be addressed by nursing staff.

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.**

Criterion 11.2

- **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.**

Criterion 11.3

<ul style="list-style-type: none"> • Where a patient is assessed as ‘at risk’ of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> • There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> • There are referral arrangements for the dietician to assess individual patient’s nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16</p>	
<p>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>5.3 Each patient within the nursing home has an allocated named nurse who is responsible for their care planning and assessment. Any patient who is admitted to the home for a period of respite will also have a named nurse for the duration of their stay within the home. Nursing staff would ensure advice or recommendations given from relevant health professionals are taken into account. Individual care plans will demonstrate the promotion of maximum independence and rehabilitation when applicable. For example ability to feed oneself or to mobilise independently or with supervision, will be taken into account.</p> <p>11.2 Referral forms are available within the home to enable staff to refer patients through to tissue viability services as and when necessary. Nursing staff would also phone tissue viability for advice and guidance as needed.</p> <p>11.3 If a patient within the home was at risk of pressure ulcers this would be documented in their plan of care and appropriate care given. This would be clarified with the relevant healthcare professionals as and when necessary, thereby using the skills of the multidisciplinary team.</p> <p>11.8 Referral forms are available within the home to enable staff to refer patients through to podiatry services as and when</p>	<p>Substantially compliant</p>

<p>necessary. Nursing staff would also phone for advice as and when required</p> <p>8.3 We have an on-going good relationship with the community dietician service and all concerns in relation to nutrition are referred to the team. Referral forms are available within the home for this purpose. Nursing staff would also phone the dietician for advice as needed. Any individual treatment plans which are compiled by the dietician are adhered to within the nursing home.</p>	
---	--

Section C	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 5.4</p> <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Ongoing re-assessment can be evidenced within the patients individual care files. Annual / six monthly care management reviews are held, and monthly reviews take place of the individual's care plan. Risk assessments are reviewed on a monthly basis or as dictated by individuals changing needs. Patients care needs are reviewed every day and night in the patients progress notes.</p>	<p>Substantially compliant</p>

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.5</p> <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. <p>Criterion 11.4</p> <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. <p>Criterion 8.4</p> <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 All staff are encouraged to follow guidelines by professional bodies and national standards relating to all interventions, activities and procedures. Nursing interventions, activities and procedures are supported by research evidence and best practice guidance, for example Crest guidelines in relation in enteral feeding and RCN course in relation to tissue viability.</p> <p>11.4 Within the nursing home the Braden pressure risk assessment tool is used to assess patients on this area, if required a treatment plan is then implemented in accordance with advice from the Tissue Viability Nurse and the Multidisciplinary team as previously mentioned.</p> <p>8.4 The home uses Nutritional Guidelines and Menu Checklist in Residential and nursing homes. Additional guidelines set out by the dietician are adhered to for specific individuals.</p>	Substantially compliant

--	--

Section E

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.6

- Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.

Criterion 12.11

- A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.

Criterion 12.12

- Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.
Where a patient is eating excessively, a similar record is kept.
All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25

Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section

Section compliance level

5.6

Contemporaneous nursing records are kept for each patient in accordance with NMC guidelines, nursing staff hold current registration with NMC and as such are aware of these guidelines. Outcomes of care are reviewed daily, monthly and at care management reviews.

Substantially compliant

12.11

Each patient has a detailed daily food chart in place, this record contains what each individual eats and drinks

<p>throughout the day. If any issues are shown up as a result, reassessment and remedial action is taken to ensure best nutritional & hydration care for the patient</p> <p>12.12</p> <p>Each individual's food chart details what the patient has consumed during that day (both food & fluids), if a patient refuses a meal/fluids this would be documented within this record. Patients would not have the opportunity to regularly eat to excess as all meals are monitored within the home. If a patient was provided with extra food or confectionary for example, this issue would be required to be addressed in a sensitive manner. All concerns are referred to the relevant health care professionals and actions taken are recorded in the individuals care plan.</p>	
---	--

Section F	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 5.7</p> <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16</p>	
<p>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>The outcome of care is monitored / recorded on a day to day basis during each shift by day and night staff. The outcome of care is also monitored and assessed at care management reviews which involve the patients representatives and the patient as well if they are able to attend. Each plan of care is reviewed on a monthly basis (or as dictated by an individuals changing needs). The involvement of patient / patient representatives is recorded in their notes, the inclusion of patients representatives is encouraged and facilitated.</p>	<p>Compliant</p>

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.8</p> <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. <p>Criterion 5.9</p> <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 Reviews are held six monthly / annually by the care management representative of each individual, the individual's next of kin are invited to attend these reviews. Due to the category of care the majority of our patients are unable to actively participate in the review, the decision of whether an individual attends is made by those present at the review, taking into account advice from the next of kin. Care management reviews can also be arranged in response to an individuals changing needs, expressions of dissatisfaction with care or at the request of the family. A nurse from the home attends each review. A copy of the review is held in the individual patients care file.</p> <p>5.9 A written record of all reviews is kept in the individuals care file. Minutes from the review are recorded by the Trust's representative and forwarded to the nursing home and the next of kin. Care plans would be updated in response to any issues raised at the review. In addition to the Trusts annual review, regular reviews are undertaken by other health care professionals for example by dietician, general practitioner, speech and language therapist and the podiatrist.</p>	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	
Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 Patients are provided with with a nutritious and varied diet, staff would take individual preferences / needs into account at meal times. Guidance provided by the dietician and speech and language therapist are adhered to, for example consistency of fluids or pureed foods. Nutritional Guidelines and Menu checklist for Residential and Nursing Homes is used as guidance as well as specific published guidance on the nutritional needs of adults with a learning disability.</p> <p>12.3 The menu within the home offers one option but alternatives are at hand if an individual does not want / take this meal. Staff keep a record of patients likes and dislikes and so would be aware of this when planning the daily menu and the alternatives that are available. All individual, specific recommended diets are catered for eg diabetic or lactose free.</p>	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 All instructions drawn up by the speech and language therapist are fully adhered to by all staff, these guidelines are kept both in patients individuals care plans and also in a folder in the dining room so that they are easily accessible to staff. 2 nurses recently attended a training course provided by Nutricia and information obtained from the course will be passed onto all staff. Training in relation to swallowing dificulties, use of thickening agents was provided in the home a</p>	Moving towards complian

few years ago and the learning has been used on a daily basis since then. It is our plan to organise this course again for all staff.

12.5

Meals are provided at the following times: breakfast 08.30 onwards, lunch 13.00, teatime 17.00 and supper 19.30. Drinks and snacks are offered at 11.00 and 15.00. Fresh drinking water is available at all times. Snacks from the kitchen are available on a 24 hour a day basis.

12.10

All staff members are aware of any concerns relating to individuals during mealtimes, a folder is available in the dining room which details individuals requirements - all staff are aware of this. All care assistants on duty are present in the dining room and a nurse assists in this area also. Individuals are monitored in the dining room and assistance is given as required, this could be by observing a patient or by giving full assistance with meals and drinks. Any special utensils required are available for patients use.

11.7

2 nurses have recently attended a tissue viability course provided by the RCN and will be sharing this information with all staff within the home. If a nurse was unsure about any aspect of wound care, tissue viability would always be contacted for advice as it is our practice to provide optimum health care. We have a good on-going relationship with the Tissue Viability Nurse team.

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Moving towards compliance



Quality Improvement Plan

Secondary Unannounced Care Inspection

Maine Nursing Home

20 February 2015

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 the responsible individual, Ian McGoldrick and the acting manager, Fiona Paterson, 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
1	14(2)	<p>The acting manager and responsible individual must ensure that sluice room doors are maintained locked to eliminate the risk of any patient accessing chemicals and in accordance with COSHH requirements.</p> <p>Ref: Section 11 (11.7)</p>	One	A keypad / code system is now in place on the sluice room door, therefore only staff have access to this room.	By the end of March 2015.

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
1	19.2	Guidelines should be made readily available to staff on the management of urinary and faecal incontinence, the management of urinary catheters and if applicable the management of stomas. Ref: Section 10 (19.2)	One	NICE Guidelines are now in place for the management of urinary and faecal incontinence and urinary catheters and are readily accessible to staff.	By the end of April 2015.
2	19.2	The acting manager should ensure that staff record bowel patterns using the Bristol Stool Chart. Ref: Section 10 (19.2)	One	All staff currently use the Bristol Stool Chart to record bowel patterns, these are then recorded into patients individual progress notes on a daily basis. Nurses are to further develop the use of the Bristol Stool Chart by incorporating its use into individual patient care plans.	By the end of April 2015.
3	19.4	Management should consider the introduction of an 'in house' training/awareness programme for staff in the management and care of the bladder and bowel, promotion of continence and management of incontinence. Ref: Section 10 (19.4)	One	External training has been sought initially to deliver the aforementioned training. An "in house" training awareness programme will then be formulated based on the content of the external training.	By the end of April 2015.
4	19.4	Management should consider including a section of continence/incontinence	One	The induction programme has been updated and now	By the end of April 2015.

		management within the induction programme for nursing and care staff. Ref: Section 10 (19.4)		includes a section which relates to incontinence/continence.	
5	25.19	The responsible individual and acting manager should ensure that a robust system is established and implemented to ensure that each registered nurse's registration status is checked at the time of expiry. Ref: Section 11 (11.3)	One	A system is now in place which includes the individual nurses PIN number and the date on which this expires. This will ensure each nurse's registration is checked at the time of expiry.	By the end of March 2015.

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Fiona Paterson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ian McGoldrick

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	16/04/15
Further information requested from provider			