



The Regulation and
Quality Improvement
Authority

Maine Nursing Home
RQIA ID: 1383
50a Ahoghill Road
Randalstown
BT41 3DG

Inspector: Lyn Buckley
Inspection ID: IN024125

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**Unannounced Care Inspection
of
Maine Nursing Home**

28 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 09:45 to 12:45 hours.

The focus of this inspection was the management of falls which was underpinned by selected criteria from the DHSPSS Care Standards for Nursing Homes (April 2015):

Standard 22: Falls prevention

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 30 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Colleen McWilliams, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Adarra Developments Ltd/Mr Ian McGoldrick	Registered Manager: Colleen McWilliams
Person in Charge of the Home at the Time of Inspection: RN – P O'Boyle The registered manager was in the building but was providing training.	Date Manager Registered: 29 October 2015
Categories of Care: NH – LD and LD(E)	Number of Registered Places: 25
Number of Patients Accommodated on Day of Inspection: 17	Weekly Tariff at Time of Inspection: £624 - £986

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if selected criteria from the following standard had been met:

Standard 22: Falls prevention

4. Methods/Process

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

- discussion with the registered manager
- discussion with the responsible individual
- discussion with registered nurses and care staff
- discussion with patients
- observation of care delivery
- review of records pertaining to the inspection focus
- tour of the home to review a random selection of patient bedrooms, bathrooms, sluice rooms lounge and .dining rooms
- feedback and discussion at the conclusion of the inspection.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA, in respect of Maine nursing home, since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection.

During the inspection, the inspector spoke with three patients individually and interacted with others in small groups, two care staff and three registered nurses (RNs).

The following records were examined during the inspection:

- nursing and care staff duty rota for week commencing 24 January 2016
- accident and incident records
- policy and procedure regarding the management of falls
- training records
- three patient care records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 30 September 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
There were no requirements made		
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 39.8 Stated: First time	<p>It is recommended that staff are made aware of the revised policies and procedures, relating to the inspection themes, when approved. Staff should also be made aware of the regional and best practice guidance commensurate with their role and function.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that she had reviewed and updated the home's policies and procedures in relation to end of life/palliative care.</p> <p>As the registered manager was involved in the delivery of training on the day of inspection it was agreed that copies of the policies would be forwarded to RQIA by email. These were received on 3 February 2016.</p> <p>Staff spoken with were aware of the policy and procedure review and confirmed that any new policies had to be read and signed by them as having been read.</p> <p>This recommendation has been met.</p>	
Recommendation 2 Ref: Standard 37 Stated: First time	<p>It is recommended that patient information is held in a confidential manner to safeguard the privacy and dignity of patients.</p>	Met
	<p>Action taken as confirmed during the inspection: Observations confirmed that patient information was held in a confidential manner.</p> <p>This recommendation has been met.</p>	

5.3 Standard 22: Falls Prevention

Is Care Safe? (Quality of Life)

As stated previously, the registered manager had been reviewing and updating policies and procedures and a new policy and procedure on 'dealing with accidents/incidents/untoward events' was confirmed by the registered manager as completed, by email to RQIA on 3 February 2016.

Review of training records evidenced that staff had completed training in relation to moving and handling, health and safety and first aid/basic life support.

Discussion with the registered manager confirmed that management had ensured staff were enabled to attend training.

Review of management records evidenced that the registered manager monitored the incidence of falls/injury/incident and that when a fall or incident occurred the learning, following analysis of the outcomes, were shared with staff.

Is Care Effective? (Quality of Management)

Review of three care records evidenced that RNs assessed the risks associated with falls prevention, moving and handling and mobilising on admission. In two of the three records there was evidence that RNs had reviewed the risk assessments on at least a monthly basis.

Care plans were in place for all three patients in relation to maintaining a safe environment, mobilising which incorporated moving and handling needs and falls prevention. Care plans were, patient centred, comprehensive and detailed. However, in one record the risk assessment had not been reviewed on a monthly basis and the RNs did not review risk assessments or care plans following a fall or incident. A recommendation was made.

There was evidence that care plans had been developed in consultation with other healthcare professionals, such as occupational therapists (OT) and physiotherapists, and reflected recommendations made by other healthcare professionals following their assessment of need. This good practice was commended by the inspector.

Where appropriate there was evidence of discussion with the patient and/or their relatives in relation to recommendations for mobilising and maintaining safety.

Staff spoken with were knowledgeable of the specific needs of their patients.

There was evidence that when staff practice fell below standards action was taken by the registered manager to address any deficits.

Is Care Compassionate? (Quality of Care)

Patients spoken with indicated that they were content living in Maine Nursing Home. Patients who were unable to communicate directly with the inspector were observed to be relaxed and comfortable in their home and with staff. Some patients were 'having a lie on' in their bedroom and others were relaxing in the lounge areas watching television or listening to music.

Mid-morning snacks and fluids were encouraged and assistance provided as required. Staff were overheard to offer patients a choice of fluids and to be participating in cheerful 'banter' and chats with patients.

One patient was observed going to the sensory room with the day care worker. The day carer knew what the patient liked and disliked and was engaging with the patient in a caring and respectful manner.

Interactions between staff and patients were observed to be caring, compassionate and respectful.

In one record reviewed the RNs had recorded their concern regarding a patients 'discomfort' and following investigation provided the appropriate care. This was possible because staff knew the patient very well and recognised non-verbal cues.

Areas for Improvement

A recommendation was made that all care plans and risk assessments are reviewed on at least a monthly basis. In addition to this review, care plans and risk assessments relating to accidents and incidents should be reviewed when an accident/ incident occurs to ensure they are still relevant.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

5.4.1. Environment

A review of the home's environment was undertaken which included observation of a random sample of bedrooms, bathrooms lounge and dining room and sluices on each floor. The home was found to be warm, well decorated, fresh smelling and clean throughout. In toilet areas it was observed that staff had 'stacked' additional incontinence pads on top of full containers used to store incontinence pads. This was discussed with registered nurses and during feedback with the registered manager. A recommendation was made in relation to infection prevention and control practices.

5.4.2. Care practices

Patients were observed relaxing in their bedroom or in one of the lounge/foyer areas. Staff were visible and responded to requests for assistance promptly. Interactions between patients and staff were relaxed, caring, respectful and compassionate.

Observation of the morning medication round evidenced that medicines were administered in accordance with professional standards. However, the RN did leave the trolley unattended and open while they washed their hands in a bathroom adjacent to the foyer.

The inspector remained beside the trolley until the RN returned. Discussion with the RN confirmed that usually while one RN administered the medications the second RN would 'watch over' the trolley of the administering RN had to leave the trolley.

On this occasion the second RN was called by care staff to assist with a patient resulting in no one 'watching over' the trolley except for the inspector. The RNs agreed that it would be common practice to rely on the second RN but because of the inspector's observations they recognised the risks involved and would adhere fully to the Nursing and Midwifery Council (NMC) standards for medicines management. This was discussed with the registered and deputy manager's at the conclusion of the inspection who confirmed that the RNs had already spoken to them about this matter. The pharmacy inspector for the home was also informed of the inspection findings. A requirement was made

Areas for Improvement

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager, Coleen McWilliams, and the deputy manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>The registered person shall ensure that registered nurses do not leave any medicine unattended at any time where there are risks to patient having access to them.</p> <p>For example, medicine trolleys must be locked when unattended by the registered nurse administering the medicines.</p> <p>Ref: Section 5.4.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This has been discussed with all registered staff and Boots medication training has been carried out on 3/3/16. This is also monitored sporadically by nurse manager.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>Care plans and risk assessments should be reviewed on at least a monthly basis. In addition to this review care plans and risk assessments relating to accidents and incidents should be reviewed when an accident or incident occurs to ensure they are still relevant.</p> <p>Ref: Section 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A new care plan audited tool has been adapted and all care files will be audited and issues addressed by April 15th 2016. New review forms for all risk assessment have also been adapted and put in place.</p>
<p>Recommendation 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>Staff should be made aware of the infection prevention and control arrangements for storing incontinence products and other equipment in a bathroom where there is a toilet.</p> <p>Ref: Section 5.4.1</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All incontinence products are stored within a close drawer. This has been written through all communication books and is on the agenda for the next staff meeting April 7th 2016.</p>

Registered Manager Completing QIP	Colleen McEilliams	Date Completed	1/3/16
Registered Person Approving QIP	Ian McGoldrick	Date Approved	1/3/16
RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	07/03/16

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