



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 17 September 2018



## Ravenhill

**Type of Service: Nursing Home**  
**Address: 79-81 Shore Road, Greenisland, BT38 8TZ**  
**Tel no: 028 9086 2169**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 38 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ravenhill Private Nursing Home  <b>Responsible Individual:</b> Mr William Trevor Gage	<b>Registered Manager:</b> Mrs Isabella Christine Kim
<b>Person in charge at the time of inspection:</b> Mrs Christine Kim – registered manager	<b>Date manager registered:</b> 1 November 2007
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 38  There shall be a maximum of 1 named resident receiving residential care.

### 4.0 Inspection summary

An unannounced inspection took place on 17 September 2018 from 10:05 to 16:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of this inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Ravenhill were below the minimum standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to infection prevention and control measures and practices and the recording of care and treatment in relation to pressure area care. This meeting took place at RQIA on 26 September 2018.

At this meeting the home owner, responsible individual and registered manager acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) in section 7.0 for details.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training and adult safeguarding, communication between patients, staff and other key stakeholders; and the culture and ethos of the home.

Areas requiring improvement were identified in relation to infection prevention and control measure and practices (IPC), governance arrangements, post falls analysis, safe handling and storage of chemicals, record keeping and the Regulation 29 quality monitoring report.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*5	1

\*The total number of areas for improvement includes one regulation stated for the third and final time and one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mr Trevor Gage, responsible individual and Mrs Christine Kim, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting. Following this meeting a decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

#### 4.2 Action/enforcement taken following the most recent inspection dated 16 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the returned QIP from the last medication management inspection
- the registration status of the home.

During the inspection the inspector met with five patients individually and others in smaller groups, three patients' relatives, eight staff; and one visiting healthcare professional. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster for display in the staff room invited staff inviting to provide feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the entrance hall door.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for 2018
- incident and accident records
- one staff recruitment and induction file
- five patient care records including fluid intake charts and reposition charts
- a sample of governance audits
- complaints record for 2018
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time	The registered provider must ensure that suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infections between patients and staff are in place and effective.  This includes the implementation of robust monitoring processes and evidence of actions taken, by the registered persons to address identified deficits.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the home's environments evidenced that this area of improvement had not been fully met. As a consequence the registered persons and the home owner were asked to attend a serious concerns meeting in RQIA on 26 September 2018. Details can be found in sections 4.1 and 6.4  This area for improvement is stated for the third and final time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all fire exit routes and fire doors are maintained free from obstruction at all times and that staff are aware of these requirements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the registered manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust governance system is in place to monitor and report on the delivery of nursing and other services provided, in accordance with legislative requirements, DHSSPS minimum standards and other related standards for nursing homes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records, discussion with the registered manager and the responsible individual evidenced that regular auditing was in place for care records and falls occurring in the home and that visits were undertaken by the responsible individual in accordance with Regulation 29. However, gaps in the governance arrangements were evidenced. For example regular audits were not undertaken for IPC and the Regulation 29 reports lacked clear detail of identified deficits and the actions taken to address the deficits. This area for improvement has not been met.</p> <p>Refer to sections 6.4, 6.5 and 6.7 for details.</p> <p>This area for improvement is stated for the second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the use of keypad locks within the nursing home is reviewed in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty safeguards (DoLs); and the home's registration categories.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation and discussion with the registered manager evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> Second time	<p>The registered provider should ensure that when a record requires certain information to be recorded that staff record this information accurately and consistently.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            This area for improvement related to reposition records and had been stated for a second time following the last care inspection on 2 August 2017. Review of three reposition records evidenced that this area for improvement had not been met. As a consequence the registered persons and the home owner were asked to attend a serious concerns meeting in RQIA on 26 September 2018. Refer to section 4.1 and 6.5 for details.</p> <p>This area for improvement has been subsumed into an area for improvement under regulation.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<p>The registered person shall ensure that care records demonstrate that:</p> <ul style="list-style-type: none"> <li>• nursing staff have undertaken a nursing assessment of the patients nursing needs when they are admitted to the nursing home</li> <li>• that a care plan is developed based on the assessment of need</li> <li>• that the care plan is reviewed at regular intervals or when care needs change</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of one patient's care records evidenced that an assessment of nursing needs was undertaken on the day of admission and care plans were devised based on that assessment of need. The other elements within this area for improvement were not evidenced to be met. Refer to section 6.5 for details.</p> <p>This area for improvement has been subsumed into and area for improvement under regulation.</p>	



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that care charts such as re-positioning records are accurately maintained to evidence the delivery of care. This includes the consistent and accurate recording of dates and times on records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of three reposition records evidenced that generally dates and times were recorded clearly on charts. However, the recording of the care delivery was inconsistent with gaps in recording evident. For example one patient's care plan stated they required repositioning "2-3 hourly in bed and when up to sit" yet the reposition record only recorded repositioning when the patient was in bed. Refer to section 6.5 for details.</p> <p>This area for improvement has been subsumed into an area for improvement under regulation.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the practise of laundered net pants being used communally ceases and a system put in place to ensure net pants are personalised and for individual use only.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations and discussion with the registered manager and staff evidenced that this area for improvement had been met.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 10 to 23 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However there were no responses received before this report was issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ravenhill. We also sought the opinion of patients on staffing provision via questionnaires. Three patient questionnaires were returned within the timescale indicated. All three indicated that they were very satisfied that care was safe; meaning there was enough staff to provide care and that they felt safe and able to talk with staff if they had concerns. Two questionnaires were also received which did not indicate if they were patients or relatives; both respondents indicated they were very satisfied that care was safe. No additional comments were recorded on the returned questionnaires.

We spoke with three patients relatives during this inspection. All three were complimentary regarding the staff and the care their loved one received. One relative stated "how exceptional the home was" and went on to describe how the whole family had been cared for by staff "who are interested and engaged and who go over and above their duty." We also sought relatives' opinion on staffing via questionnaires; five were returned within the timescale indicated. All five indicated that they were very satisfied that care was safe; meaning there was enough staff to provide care and that they felt able to talk with staff if they had concerns and their loved one was safe. No additional comments were recorded.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff member's recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to the staff member commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards and the registered manager had an effective process in place to enable her to monitor staff compliance with mandatory training requirements. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager

confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process in all but one patient's care record. Two patient records were reviewed in relation to the management of bedrails; one record did not include a care plan to manage the use of bedrails despite the risk assessment being completed and reviewed on a regular basis. This was confirmed during discussion with one of the nursing staff who agreed to address this deficit. Details were discussed with the registered manager during feedback. Other concerns were identified regarding record keeping. Refer to section 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 since the last care inspection in August 2017. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. An action plan was then devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls. However, falls risk assessments and care plans were not reviewed as part of a post fall analysis, in keeping with care standards and practice guidelines. Details were discussed with nursing staff and the registered manager. An area for improvement was made.

Patients and relatives spoken with were complimentary in respect of the home's environment. A review of the home's environment included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and generally clean throughout.

However, a we identified the following concerns regarding infection prevention and control measures and practices:

- personal protective equipment (PPE) such as aprons and gloves were stored in bathrooms where there was a toilet or the PPE dispensers were empty
- commodes examined had not been effectively cleaned after patient use and were stored without the lid in place
- bedpans were stored haphazardly in cupboards along with commode pots
- posters and notices in high risk areas such as bathrooms and sluices were not laminated and had been attached to walls or doors using sticky tape
- one patient's chair could not be effectively cleaned as the surface covering was cracked and missing in places which exposed the cushioning material underneath
- skirting boards and architraves could not be effectively cleaned due to chipped paintwork and the wood was exposed in places
- staff had set medicine cups to dry on the radiator cover outside the nurses' office on the first floor – this practice should cease and medicines cups washed and dried in the treatment room

- the radiator cover used to dry the medicine cups could not be cleaned effectively as the MDF had been exposed as the paintwork was compromised
- sealants around showers, shower trays and PVC cladding and the identified cracked shower tray should be repaired/replace to ensure effective cleaning can be undertaken
- the identified cupboard in the sluice room should be thoroughly cleaned.

An area for improvement stated for the first time on 30 November 2016 and stated for a second time on 2 August 2017 following unannounced care inspections; was evidenced as not fully met during this inspection. We acknowledge that some improvements had been made but deficits were still evident in relation to the maintenance of the premises to ensure that effective cleaning could be effectively undertaken. This was concerning given the potential risks to patients. As a consequence of the inspection findings the registered persons and the home owner were asked to attend a serious concerns meeting in RQIA on 26 September 2018. During this meeting RQIA were provided with an action plan to address all of the IPC concerns identified within realistic timeframe. This area for improvement is stated for the third and final time and the registered persons advised that if compliance and sustained improvements were not evidenced, during the next care inspection, then further enforcement action would be considered.

In addition we observed that that bottles of a cleaning chemical (Difficle-S) had been left on the windowsill in a bathroom on the first floor and in an unlocked cupboard in the first floor sluice room. Discussion with staff confirmed that they were aware of control of substances hazardous to health (COSHH) requirements and that the cleaning chemical should not have been left unattended but that they did not routinely record the date of when the cleaning chemical had been 'made' as required by guidelines on its' use. An area for improvement was made given the potential risks to patients.

Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training and adult safeguarding.

### Areas for improvement

The following areas were identified for improvement in relation to infection prevention and control, post fall analysis and the safe handling and storage of chemicals.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We reviewed the management of nutrition including modified diets, fluid intake and patients' weights; pressure area care and the management of falls within five patients care records. We evidenced that care records, generally, contained details of the specific care requirements in each of the areas reviewed and that a daily record was maintained to evidence the delivery of care. However, deficits in record keeping and care planning were identified as follows:

- in one record there was no care plan in place to manage the use of bedrails
- in another record the care plan regarding repositioning was not reflective of the care delivered as viewed within the reposition records held in the patient bedroom
- a third care record evidenced that the patient's care plans and risk assessments had not been reviewed since April 2018
- in all of the records reviewed evaluations recorded daily and monthly were at times a statement of fact rather than an evaluation of the delivery of the care or the action taken by nursing staff to address and identified deficit or need. For example, daily evaluation notes stated "eating and drinking with encouragement" there was no record to evidence the action taken by nursing staff to address a low fluid intake over at least two days; and in addition there was no care plan in place to manage dehydration/low fluid intake.

Details were discussed with nursing staff and the registered manager. An area for improvement was made.

We also reviewed three patients' reposition charts. Records evidenced that staff did not complete the required skin checks indicated on the chart. Discussion with nursing staff, the registered manager and review of records confirmed that there were no pressure area concerns or ulcers; but this repeated deficit in record keeping was concerning .

This matter was discussed as part of the serious concerns meeting held in RQIA. During this meeting RQIA were provided with an action plan to address the record keeping concerns identified and to ensure staff consistently adhered to good record keeping. This area for improvement stated for a second time under the care standards was subsumed into the area for improvement made regarding record keeping.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as the tissue viability nurse, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed to reflect changes to recommendations made by other healthcare professionals. Discussion with a SALT during the inspection confirmed that staff were receptive to advice, adhered to recommendations made and were attentive to any concerns raised.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

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

the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff and/or management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

**Areas for improvement**

An area for improvement was identified in relation to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10:05 hours and were greeted by the registered manager. Patients were either finishing breakfast or enjoying a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“A note to thank you and your staff for the care you gave to ...”

“To thank and pay tribute to all staff at Ravenhill regarding my ...recent stay in your home. The dedication, kindness, compassion and professionalism of everyone was of the highest order.”

Patient spoken with were very complimentary regarding the staff and the care they received. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We also provided 10 questionnaires for patients; three were returned before the issuing of this report. All three indicated that they were very satisfied with their care across all four domains. There were no additional comments recorded.

We spoke with three patient’s relatives during the inspection. All spoke very highly of the care their loved ones received. Ten relative questionnaires were provided; five were returned within the before the issuing of this report. All five indicated that they were very satisfied with the care provided across the four domains. There were no additional comments recorded.

We spoke with eight staff during this inspection and their comments and views are recorded throughout this report. In addition staff were invited to complete an on line survey; we had no responses before the issuing of this report.

Any comments from patients, patient relatives/representatives and staff in returned questionnaires or online responses received after the issuing of this report will be shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their relatives/representatives.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. There was evidence that the equality data collected was managed in line with best practice and that staff were aware of how to effectively engage with a diverse range of patients and to meet their diverse needs.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that audits were completed to assure the quality of care records and falls management but that the IPC audit had not been undertaken regularly and the care record audit had not identified the deficits identified during this inspection. As stated previously an area for improvement regarding quality monitoring and governance was stated for a second time and significant concerns relating to IPC and record keeping were evidenced and discussed with the registered persons at a serious concerns meeting held on 26 September 2018. Areas for improvement have been made. Refer to sections 4.1, 6.2, 6.4 and 6.5 for details.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We reviewed the reports from May to August 2018. The content of the reports reviewed was insufficiently detailed to evidence the action taken by the registered persons to address identified deficits. For example, there was no evidence within the reports reviewed to evidence that the IPC issues identified by RQIA in November 2016 had been brought to the attention of the owner and there was no evidence that the IPC audit had not be regularly undertaken. In addition the report failed to identify and drive improvements through a robust action plan; or to monitor compliance with RQIA's quality improvement plans (QIPs). Details were discussed with the registered persons and advice given regarding recording deficits, actions and responses. An area for improvement was made.



Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

The following areas were identified for improvement in relation to the robustness and effective use of the Regulation 29 report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christine Kim, registered manager and Trevor Gage, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered provider must ensure that suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infections between patients and staff are in place and effective.</p> <p>This includes the implementation of robust monitoring processes and evidence of actions taken, by the registered persons to address identified deficits.</p> <p>Ref: 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All areas discussed are currently being addressed and will be completed by 30<sup>th</sup> November 2018.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that a robust governance system is in place to monitor and report on the delivery of nursing and other services provided, in accordance with legislative requirements, DHSSPS minimum standards and other related standards for nursing homes.</p> <p>Ref: 6.1 and 6.7.</p> <p><b>Response by registered person detailing the actions taken:</b> Supplementary care charts have been reviewed and are being monitored on a weekly basis to ensure they are completed as required</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that cleaning chemicals are handled and stored in accordance with COSHH regulations and product guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The storage of cleaning chemicals has been addressed- locked cupboards have been installed in each sluice room to ensure safe storage. Bottles are now labelled and dated according to product guidance.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that patient care records, including assessments, care plans and supplementary care charts;</p> <ul style="list-style-type: none"> <li>• reflect the assessed needs of the patient,</li> <li>• are kept under review</li> <li>• are evaluated effectively</li> <li>• are accurately and consistently recorded to reflect the delivery of care, as prescribed</li> <li>• evidence the action taken by nursing staff when deficits are identified</li> <li>• are dated and timed consistently.</li> </ul> <p>Ref: 6.1 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The areas identified have been discussed with nursing staff and care plans updated as required. Monthly monitoring will continue to ensure that records reflect the care delivered</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2018</p>	<p>The registered person shall ensure that the report undertaken in accordance with Regulation 29 reflects the conduct of the nursing home and identifies clearly when and how deficits in the quality of nursing or other services provided are to be met and the action taken if they are not.</p> <p>Ref: Section 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Regulation 29 reports have been amended to clearly detail where deficits are identified, and an action plan put in place as to when and how deficits are to be addressed.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2018</p>	<p>The registered person shall ensure that a post falls analysis is completed for any patient who have fallen. This should include evidence that the patient's risk assessments and care plans, pertaining to the management of falls, are reviewed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A more detailed post fall audit is now in place to ensure that care plans and risk assessments are reviewed and updated when a resident has a fall.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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