

Unannounced Care Inspection Report 22 February 2018



Three Islands

Type of Service: Nursing Home (NH)
Address: 62-66 Main Street, Toomebridge, BT41 3NJ
Tel No: 028 79650650
Inspector: Elizabeth Colgan and Michael Lavelle

www.rgia.org.uk

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 40 persons.

3.0 Service details

Organisation/Registered Providers: Mr D McAteer Mrs A McAteer	Registered Manager: Mr David Joseph McAteer
Person in charge at the time of inspection: Mr David Joseph McAteer	Date manager registered: 7 May 2009
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 22 February 2018 from 08.30 to 18.20 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, and adult safeguarding. Other areas included communication between, staff and other key stakeholders, the management of complaints, and maintaining good working relationships.

The total number of areas for improvement include three standards which have been stated for a second time in relation to improving communication with patients, the mealtime experience and quality assurance and governance arrangements.

One area for improvement under the regulations was identified in relation to infection prevention and control.

Six areas requiring improvement were identified against the standards in relation to the staffing rota, the transportation of patients in wheelchairs, environmental issues, care records, activities and IPC and cleaning audits.

Patients able to verbalise said:

“I love it here.”

“The staff are lovely.”

“I am happy here and I like the staff.”

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
Total number of areas for improvement	1	10*

*The total number of areas for improvement include three standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs A McAteer, registered person and Mr David Joseph McAteer, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 30 October 2017

The most recent inspection of the home was an announced finance inspection undertaken on 25 January 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 16 patients, 14 staff and one visiting professional. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 12 and 19 February 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records

- a selection of patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly unannounced quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 25 January 2018

The most recent inspection of the home was an announced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 October 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
Area for improvement 1 Ref: Regulation 13 (1) Stated: First time	<p>The registered person shall review the use of the key fob lock to the identified unit in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>The registered manager should forward to RQIA a notification regarding the locking of the unit, the rationale behind it and what other steps were taken in order to minimise an identified risk prior to this decision being made.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of documentation and observation confirmed that the use of the key fob lock to the identified unit had been reviewed in conjunction with guidance from the Department of Health on Human Rights and the Deprivation of Liberty (DoLs); and the home's registration categories.</p> <p>The rationale behind its use and steps taken in order to minimise its use were observed during the inspection</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • furniture in some patient's bedrooms which had marked and damaged surfaces • the very strong malodour in one identified unit a shower room • declutter the identified areas within the home 	Met
	<p>Action taken as confirmed during the inspection: Review of the environment confirmed that:</p> <ul style="list-style-type: none"> • work has been ongoing to improve marked and damaged furniture in some patient's bedrooms • there was no strong malodour in any of the shower rooms • the identified areas within the home have been decluttered. 	
<p>Area for improvement 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and observation confirmed that most staff have adopted a more person centred care approach, and communicated with patients in a manner that was sensitive and understanding of their needs. However some improvement is still needed.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings are held at least quarterly. Records should be appropriately maintained and available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that staff meetings are held at least quarterly. Records were appropriately maintained and available for inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience to ensure that meal times are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the service of food and fluids confirmed that mealtimes have improved in some areas. Additional work is needed to ensure that meal times are delivered in accordance with best practice guidance.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation, observation and the findings of this inspection confirmed that further work is needed to ensure that effective quality assurance and governance arrangements are in operation.</p> <p>This area for improvement has been partially met and has been stated for a second time.</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 for week commencing 12 and 19 of February 2018 evidenced that the planned staffing levels were adhered to. However the nurse in charge of the home was not clearly indicated, there was no descriptor for the hours worked by staff and staff surnames were not always documented. This was discussed with the registered manager and an area for improvement against the standards was made.

Discussion with patients, and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Two staff personnel files were reviewed. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. One of the two personnel files did not have a reference from the most recent employer. This was discussed with the registered manager who advised this had been requested; they agreed to record requests for references in personnel files.

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. Review of the staff supervision and appraisal planner evidenced these were completed regularly and in accordance with best practice requirements.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Mrs McAteer confirmed by electronic mail to RQIA on the 1 March 2018 that the safeguarding policy had been updated to reflect the new regional operational safeguarding policy and procedure.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that these were appropriately managed. Discussion with the registered manager and review of policies evidenced the home had a robust post fall flow chart and guidance in place. Further discussion evidenced not all unwitnessed falls were treated as potential head injuries. The registered manager agreed to arrange a supervision session with registered nurses to highlight this issue.

Footrests on wheelchairs were not in place for two patients. The registered manager discussed the reasons why these were not used. However it was observed that staff wheeled the patients quickly creating the potential risk of injury. This was discussed with the registered manager who confirmed that staff would receive further instruction and training in this area. An area for improvement against the standards was made.

Personal Protective Equipment (PPE) was readily available throughout the home. Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- Either a paper towel or a soap dispenser was missing in some bathrooms, showers, and patient's bedrooms. The registered manager stated that the provision of these was dependent on the patient's diagnosis. However, observation indicated that this approach was not always consistent. It was advised that this area should be fully reviewed.
- The undersides of the lids of clinical waste bins were not clean in most instances. In one instance a swing lidded bin was used, despite the holder for the correct bin being present.
- The underside of two shower chairs was soiled.
- PPE was not used when serving the mid-morning drinks and snack.
- Some of the brown plastic mugs used were badly stained and could not be effectively cleaned as the plastic was beginning to perish. One blue plastic mug was so badly stained and perished that it was disposed of immediately.
- Food items stored in the fridges that had been decanted from their original packaging had not been labelled or dated.
- Alcohol gel dispensers were found to be empty at a number of points throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, generally well decorated, fresh smelling and clean throughout. Areas for improvement relating to the environment are as follows:

- In one identified bathroom area the lead of a patient call bell had been tied up out of the reach of patients.
- In two identified bedrooms the doors of the vanity units needed to be repaired.
- In one of the units an identified lounge was very cluttered with equipment and wheelchairs. Also the plastic covering of a mattress was badly torn with the inside foam exposed.

It was observed that televisions in communal areas were very small and their placement made viewing these difficult. Consideration should be given to modernising these televisions.

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 staff recruitment, induction, training, supervision and appraisal, adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to the staffing rota, transportation of patients in wheelchairs, infection prevention and control and environmental issues.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

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

Care records mostly reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. However the review of one identified care record, evidenced that this did not reflect the patients individual needs on all occasions.

Review of supplementary care charts such as repositioning, and food and fluid intake records evidenced that not all records were maintained in accordance with best practice guidance, care standards and legislation. For example, a selection of records examined in the Aran suite during the afternoon had not been completed contemporaneously to reflect patient’s food and fluid intake.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Minor gaps were identified on review of one care plan; the wound progress chart had not been completed on two identified dates. This was discussed with the registered manager who agreed to address this.

Care records were regularly updated however there was no date to evidence when the care plan was prepared. This was discussed with the registered manager and an area of improvement identified to include this in patient care records. Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. An area of improvement has been made against the standards relating to the three areas where improvement is needed in relation to care records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis and records were maintained. 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 their registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to care records. Recording of patients individual needs, the date when the care plan was devised and contemporaneous recording to reflect patient's food and fluid intake.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Most staff interactions with patients were observed to be compassionate, caring and timely, and the majority of patients were afforded choice, privacy, dignity and respect.

Observation of breakfast and the lunch time meal evidenced that the dining experience for patients had improved since the previous inspection. However, more improvement is needed to ensure tables are properly set and plastic cups are fit for purpose as discussed previously in section 6.4. In one identified unit a patient was assisted at their wheelchair and not placed at the table, staff stated that this was their preference however this was not recorded in their care record. This was identified as an area for improvement at the inspection of 30 October 2017. This area for improvement has been stated for a second time.

During observation of the mid-morning break time, one care assistant was observed assisting a patient in their wheelchair with a drink. The staff member stood over the patient while assisting them and allowed the drink to run down the patients chin. The patients feeding cup was used to clean the excess fluid from their chin. The patient's clothes protector was used to clean their face; this observation noted no verbal communication from the staff member to the patient during this care activity. This was fed back to the registered manager who agreed to address the issue. To adopt more person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs was identified as an area for improvement at the inspection of 30 October 2017. This area for improvement has been stated for a second time.

Discussion with the registered manager confirmed there was an activities manager for the large day activities centre who was responsible for the provision of activities. Discussion with the registered manager confirmed that this staff member also undertook care duties, a review of the duty rota did not provide clarity that the staff member was employed in an activities capacity. Notice boards within the day care activities centre evidenced a wide range of planned activities including hand massage, ball and board games, arts and crafts, swimming, pottery, music and reading. Observation of activities on the day of the inspection and review of the planned activity sessions indicated that the area needs to be reviewed to ensure that meaningful activities are available for all patients and the activities manager is allocated sufficient time to develop this area. This was identified as an area for improvement under the care standards.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Patients spoken with confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Fourteen staff members were consulted to determine their views on the quality of care within Three Islands. A poster was given to the acting manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

"It's a really good place to work."

"Good management and teamwork. I love the patients."

"This is a good home and we take care of the patients. I am happy and so are the patients."

One visiting professional was consulted to determine their views on the quality of care. The visiting professional stated:

"Staff are very professional and co-operative. The patients appear well cared for."

Sixteen patients consulted were very complimentary and some commented as follows:

"I love it here."

"The staff are lovely."

"I am happy here and I like the staff."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the time frame.

No relatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some relatives comments noted from recent compliments to the home were as follows:

"I am very satisfied with the level of care and support provided by staff at Three Islands."

"I always find visiting the home a pleasant experience."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the 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 majority of staff, patient interactions. Patients spoken with were complimentary about living in the home.

Areas for improvement

The following areas were identified for improvement for the second time in relation to improving communication with patients and the mealtime experience.

One area was identified for improvement against the standards in relation to providing meaningful activities for all patients and to review the duties of the activities manager.

	Regulations	Standards
Total number of areas for improvement	0	3*

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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded as stated in section 6.4. The review evidenced that the registered manager worked a significant amount of hours as a registered nurse in charge of one of the units. The registered person shall ensure the hours worked by the registered manager are reviewed to ensure the quality assurance and governance arrangements for the nursing home and legislative requirements are met. This was identified as an area for improvement at the inspection of 30 October 2017. This area for improvement has been stated for a second time.

Review of the annual report evidenced it was not completed in sufficient detail to be in accordance with the regulations and care standards. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Staff were able to identify the person in charge of the home. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of records evidenced that the home was operating within its registered categories of care. Policies and procedures were indexed, dated and approved by the registered provider. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Patients spoken with confirmed that they were confident that staff/management would

manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Staff were knowledgeable of the complaints process.

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 registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. Monthly audits were reviewed and shortfalls were identified in the cleaning and IPC audits, these need to be further developed to ensure that results of audits can be analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. This was discussed with the registered manager and identified as an area for improvement under the standards.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Areas for improvement from the previous RQIA care inspection informed the action plans. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas of good practice

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

Areas for improvement

One area was identified for improvement for the second time in relation to quality assurance and governance arrangements.

The following areas were identified for improvement in relation in relation to IPC and cleaning audits, and the further development of the annual report.

	Regulations	Standards
Total number of areas for improvement	0	3*

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs A McAteer, registered person and Mr David Joseph McAteer, registered manager 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>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • review the provision of paper towel and soap dispensers in some bathrooms, showers, and patient’s bedrooms. • effective cleaning shower chairs and the undersides of the lids of clinical waste bins and ensuring appropriate bins are in place • appropriate use of PPE when serving the mid-morning drinks and snack • ensuring the surface of plastic crockery is not compromised • ensuring that decanted food items stored in the fridges are labelled and dated • ensuring alcohol gel dispensers are replaced when empty <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The use of paper towels and soap has been reviewed, and the provision of these items expanded.</p> <p>Over the years, various patients with behaviours challenging to manage misused the paper towels and soap, compromising their safety. This led to restricted access in some areas. A risk assessment has been completed by the manager to highlight the areas of the home that safety measures are still in place.</p> <p>The domestic staff will monitor and distribute hand towels and soap as necessary.</p> <p>The manager has also updated the domestic staff's checklist to include checking the cleanliness of the yellow bag bins.</p> <p>The manager has updated the infection control audit, which will include all areas identified in the inspection.</p> <p>The manager has informed staff to use PPE during all meals.</p> <p>The manager has asked the kitchen staff to date all decanted food.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: The manager is meeting with each staff individually during supervision, to discuss the importance of patient centred care. The manager will continue to monitor all interactions between staff and patients.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall review the dining experience to ensure that meal times are delivered in accordance with best practice guidance, for example, Nutritional Guidelines and menu checklist, March 2014.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: The manager will continue to involve the patients, their relatives and staff in finding ways to keep meal times a positive experience. Individual preferences regarding meal times will be clearly documented in each individuals care plan.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The home has recently employed an extra nurse and two nurses are returning from maternity leave. This will allow the manager to concentrate fully on his managerial tasks</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure the staffing rota clearly identifies the following:</p> <ul style="list-style-type: none"> • the nurse in charge of the home in each shift • the first name and surname of each member of staff • the hours worked by the manager and in what capacity • hours worked by the staff <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The manager has updated the rota to include the above recommendations</p>

<p>Area for improvement 5</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that patients are safely transported by wheelchair.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has instructed the named nurses to ensure the Occupational Therapists recommendation are clearly identified in the patients care plans, particularly those who require no foot plates or those patients who decide to not wear shoes. The home provides manual handling training and senior nurses continue to monitor the way in which staff transport the patients in wheelchairs.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that environmental issues identified during this inspection are actioned. Specifically:</p> <ul style="list-style-type: none"> • the lead of an identified patient call bell should be within the reach of patients. • the doors of two identified vanity units should be repaired. • declutter the identified lounge and remove the damaged mattress. <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All call bells have been checked and are easily accessible to the patients. The Maintenance staff have reviewed all the vanity units. The trust has been contacted to collect and remove all the unused wheelchairs for disposal.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that care records are improved in the following areas. Specifically:</p> <ul style="list-style-type: none"> • the individual needs of patients should be fully reflected . • the date when care plans are devised should be clearly recorded • patient's food and fluid intake is contemporaneously recorded to reflect patient's food and fluid intake. <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has reminded staff of the importance of contemporaneously completing charts, and will monitor staffs compliance. The nurses have been updated about the inspectors request for information that needs to be added to the care plans. Going forward the nurses will keep an accurate record of when each care plan was devised.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that meaningful activities for all patients are provided and the duties of the activities manager are reviewed.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has arranged a visit to Magherafelt adult centre to get idea's on how to provide a wider variety of activities for the less able patients.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure the annual report is completed in sufficient detail to be in accordance with the regulations and care standards.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The manager is currently building on the current annual report so that it meets the required standard.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2018</p>	<p>The registered person shall ensure that IPC and cleaning audits are further developed</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has developed a new infection control and cleaning audit. He is currenting educating the nursing and domestic staff on how it will operate. The manager hopes this will help improve with the identified areas that need addressed in a much timelier fashion and will be more robust than the previous system</p>

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



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care