



Unannounced Care Inspection Report 25 October 2018



Prospect

Type of Service: Nursing Home (NH)
Address: 3 Old Galgorm Road, Ballymena, BT42 1AL
Tel No: 02825645813
Inspector: Michael Lavelle & Jane Laird

www.rqia.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 50 persons.

3.0 Service details

Organisation/Registered Provider: Prospect Private Nursing Home Ltd Responsible Individual(s): Thomas Mark McMullan	Registered Manager: Elizabeth Jane Ross
Person in charge at the time of inspection: Elizabeth Jane Ross	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 25 October 2018 from 09.10 hours to 18.55 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 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 staffing, adult safeguarding, the home's environment and communication between residents, staff and other key stakeholders. Further good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients and maintaining good working relationships.

Areas requiring improvement under regulation were identified in relation to post fall management, infection prevention and control (IPC) practices, wound management, management of infection, weight management, SALT recommendations and reviewing risk assessments.

Areas requiring improvement under the care standards were identified in relation to induction of agency staff, fire drills, completion of accident and incident records, staff meetings, staffing rota, complaints management and audits.

Following the inspection the registered manager submitted an action plan to address the areas for improvement identified during the inspection. Areas for improvement will be validated at a future care inspection.

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.

There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	4	7

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Jane Ross, 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 18 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 October 2018. There were no further actions required to be taken following the most recent 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with 12 patients, four patients' relatives and six staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. We provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow 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.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 15 October 2018 and 22 October 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
- nurse in charge competencies
- fire evacuation file
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- minutes of staff and resident/relatives meetings
- RQIA registration certificate
- a sample of monthly 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 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 18 October 2017

The most recent inspection of the home was an unannounced medicines management. No areas for improvement were identified.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection prevention and control issue identified during this inspection relating to the use of PPE is addressed.	Met
	Action taken as confirmed during the inspection: Observation of the delivery of care evidenced that appropriate personal protective equipment (PPE) was worn when patient's toileting needs were being attended to.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that identified care needs are recorded in patients care records to ensure the appropriate nursing intervention is provided.	Not met
	Action taken as confirmed during the inspection: Review of four care records evidenced that three care records did not have a full range of appropriate care plans to direct care. This will be discussed further in 6.5. This area for improvement has not been met and has been subsumed into a new area for improvement under the regulations.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered persons shall ensure that supplementary care records are completed accurately and contemporaneously at all times.	Met
	Action taken as confirmed during the inspection: Review of a selection of food and fluid intake charts and reposition charts evidenced these were well completed.	

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 weeks commencing 15 October 2018 and 22 October 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. One staff member spoken with stated there was not enough staff in the home. However, we were unable to validate any staff deficiency on the day of the inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Prospect.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Review of one file evidenced that employment gaps were not explored. This was discussed with the manager who agreed to amend interview records to ensure any gaps in an employment record are explored and explanations recorded. This will be reviewed at a future care inspection.

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. However, discussion with the registered manager evidenced that records were not retained for agency staff. This was identified as an area for improvement under the care standards.

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 with the registered manager the merits in reviewing these records on a monthly basis; they agreed to review the current process.

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. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, review of records evidenced that only 25 staff from a staffing cohort of 70 had taken part in a fire drill within the last year. This was discussed with the

registered manager who confirmed that fire drills would be arranged for all staff. Post inspection the deputy manager confirmed via electronic mail that 90 percent of staff will have taken part in a fire drill by 9 November 2018. An area for improvement under the care standards was made.

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. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records from April 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation however, records were not maintained appropriately. Deficits were identified in relation to the completion of the accident book. We observed that it had not been signed and dated by the registered manager following three recent accidents and other sections of the report were left blank. This was discussed with the registered manager and an area for improvement was made under the care standards.

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. However following this review, no action plans were devised to address any identified deficits. This will be discussed further in 6.7. 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.

Review of records and discussion with the registered manager evidenced deficits in relation to the post fall management of patients. For example, review of one care record evidenced that on one occasion when the patient had an unwitnessed fall, neurological and clinical observations were not carried out in accordance with best practice. Discussion with staff evidenced that they would not routinely check neurological observations following an unwitnessed fall. This was discussed with the registered manager who confirmed they would review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. Assurances were sought and received before the end of the inspection that trained staff would be advised to consider the potential of a head injury following all unwitnessed falls. We recommended that the registered manager liaise with the falls prevention team in the Northern Health and Social Care Trust (NHSCT) to ensure appropriate post fall management support was availed of and to assist them in the development of a post falls management pathway. An area for improvement under regulation was made.

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, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were very complimentary in respect of the home's environment.

Concerns were identified in regards to the management of IPC as follows:

- inconsistent approach to effective use of personal protective equipment (PPE) at mealtimes
- inconsistent approach to hand hygiene across all grades of staff
- no pedal operated clinical waste bins in ensuites
- rusted commode chair in identified bathroom – this should be replaced

- stained commode chair in an identified ensuite
- inappropriate storage in identified bathrooms, ensuites and sluice
- no system in place to launder hoist slings
- food uncovered for at least 30 minutes before being served.

These shortfalls were discussed with the registered manager who provided us with assurances that these deficits would be addressed immediately. An area for improvement under regulation was made in order to drive improvement relating to IPC practices.

Fire exits and corridors were observed to be clear of clutter and obstruction although during review of the environment a wooden wedge was observed in an identified linen store. We requested that this be disposed of to ensure adherence to fire safety best practice guidance. One patient was observed receiving continuous oxygen therapy within their bedroom. No signage was displayed to inform other patients or visitors that oxygen was in use. It was agreed that such signage should be erected at all times, as necessary. Thickening agent for food and fluids was observed in a patient's bedroom and prescribed cream was observed to be stored in a sluice area. This was brought to the attention of the registered manager who arranged for their removal. This was referred to the pharmacy inspector for follow up as required.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example crash mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of crash mats.

We observed the use of keypads in the home which we considered to be restrictive practice. No instructions were adjacent to the keypad at the front door which would assist patients with exiting the home, as appropriate. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The registered manager addressed this weakness following the inspection by placing appropriate signage beside the identified keypad. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding and the home's environment.

Areas for improvement

Two areas for improvement under regulation were identified in relation to post fall management and IPC practices.

Three areas for improvement under the care standards were identified in relation to induction of agency staff, fire drills and completion of accident and incident records.

	Regulations	Standards
Total number of areas for improvement	2	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 care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records did not consistently contain details of the specific care requirements in each of the areas reviewed and identified care needs were not always recorded in patients care records to ensure the appropriate nursing intervention is provided.

Review of an identified patients care record evidenced the absence of a care plan to direct care for an identified wound. Review of a second identified patients care record evidenced that the care plan for management of their wound had not been reviewed in three months and was required to be discontinued. A new care plan for the current wound management regime did not accurately reflect what prescribed creams were to be used.

Gaps were noted in relation to management of infection. Review of an identified patient's care record evidenced that the care plan had not been updated on the completion of antibiotic therapy to treat a previous infection some two weeks previous.

Review of speech and language (SALT) recommendations highlighted further deficits. Review of an identified patient's care record evidenced that recent SALT recommendations had not been reflected in a care plan that had been prepared a significant time ago. The patient was also required to have weight recorded monthly however review of records evidenced they had no weight recorded since June 2018. We noted that the patients malnutrition universal screening tool (MUST) score had been recorded in August 2018 however there was no evidence that their weight had been taken to calculate the score recorded. Review of daily progress notes from the day the patient had their MUST score calculated confirmed they did not contain specific details in relation to the patient's skin condition and pain levels on that day; these details were recorded elsewhere.

Ensuring that identified care needs are recorded in patients care records was discussed with the registered manager at the inspection of 2 October 2017 and had been identified as an area for improvement. The above deficits have been subsumed into an area for improvement under the regulations.

Deficits were identified during review of risk assessments. For example, one of the care plans reviewed evidenced that some risk assessments had not been updated for over two months. The registered manager acknowledged the deficits and confirmed that the electronic record management system used within the home had been recently updated. It was agreed that all care records and risk assessments would be reviewed to ensure accurate and contemporaneous care plans are maintained. An area for improvement under the regulations was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records and repositioning records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

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.

Review of records evidenced that residents and relatives meetings are held bi-annually. Meetings were held in February 2018 and September 2018. Minutes were available.

Patient and representatives 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.

Review of records and discussions with staff evidenced that staff meetings were not held on a quarterly basis for all staff. This was discussed with the registered manager and an area for improvement under the care standards was made.

Areas of good practice

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

Areas for improvement

Two areas for improvement under regulation were identified in relation to wound management, management of infection, weight management, SALT recommendations and reviewing risk assessments.

One area for improvement under the care standards was identified in relation to staff meetings.

	Regulations	Standards
Total number of areas for improvement	2	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.

We arrived in the home at 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or 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. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. One staff member was observed administering a supplementary drink along with the midday meal to an identified patient. This was discussed with the registered manager who agreed to monitor the mealtime experience to ensure patients receive appropriate hydration. This will be reviewed at a future care inspection.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Prospect was viewed as a positive experience. Some comments received included the following:

"They look after you here. When you buzz they come."

"They are generally very good. I couldn't say too much about them. You get the odd one who has a bad day, but I have bad days too. You get used to the staff. There are ones I like better than others but that's because I know them better."

"I couldn't leave the place. It's great. I am as content as anything. If I have any complaints they deal with it."

"It's well known for its cleanliness. I'm very happy here."

Ten patient questionnaires were provided; seven were returned within the timescale. All seven indicated that they were very satisfied or satisfied with the care provided across the four domains. One of the comments received included:

"Sometimes have to wait too long for the toilet."

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.

Four relatives were consulted during the inspection to determine their views on the quality of care. Some comments received during the inspection included the following:

“This is a first class home. The care is fantastic and I have no concerns. The home is clean and tidy. It is second to none.”

“Very caring personalised care. They are on the ball with anything my relative needs.”

“We couldn’t wait to get our relative into this home. We know they are very well cared for here.”

Ten relative questionnaires were provided; eight were returned within the timescale. All eight indicated that they were very satisfied or satisfied with the care provided across the four domains. Some of the comments received included:

“Very satisfied. More like a hotel for the elderly rather than a nursing home, but a hotel with warmth.”

“I visit my mother every day. The welcome and reception and overall atmosphere is first class. I and my family are pleased to have my mother in Prospect.”

“I really can’t praise Prospect enough. The staff right through from the cleaners to the manager are so friendly and my brother is being looked after so well. Nothing is any bother to them.”

“My relative is treated at all times with kindness, consideration and respect and is very content and happy in Prospect.”

Staff were asked to complete an on line survey, we had one response within the timescale specified. The staff member was satisfied that care provided was compassionate although was unsatisfied or very unsatisfied across the other three domains. Comments received in this questionnaire were shared with the registered manager for action as required. These comments did not support the opinion of the six staff members spoken to during the inspection who spoke positively with regards to the care delivered within Prospect.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information post inspection 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 representatives and taking account of the views of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 a 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. However, it did not clearly record the first and last name of all staff working in the home or clearly identify the name of the nurse in charge of the home on each shift. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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. The registered manager will consider the introduction of equality and diversity training for staff.

Review of the home's complaints records evidenced that systems were not in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. For example, review of the two most recent complaints received evidenced sufficient detail was not recorded to determine what action was taken, if the complainant was satisfied with the outcome and how the complainants level of satisfaction was determined. This was discussed with the registered manager who agreed to review the complaints procedures. We asked the registered manager to ensure staff awareness that any expression of dissatisfaction with the service provided in the home is viewed as a complaint. An area for improvement under the care standards was made.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents and care records. Although audits were completed, they did not identify deficits found during inspection. For example, the audit of care plans did not identify the deficits in wound care management. The accident/incident audit did not generate an action plan to advise what actions, if any, were required nor was there any evidence of shared learning. This was discussed with the registered manager who agreed to review the current audit process to ensure the analysis is robust, action plans are generated and learning is disseminated. An area for improvement under the care standards was made. The registered manager was asked to consider implementing audits regarding wound management, IPC/hand hygiene/environment and the use of restrictive practice within the home.

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/ The Care Standards for Nursing Homes.

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.

The registered manager confirmed that the available legionella risk assessment had been conducted over two years ago. This was referred to the estates inspector for follow up.

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 maintaining good working relationships.

Areas for improvement

Three areas for improvement under the care standards were identified in relation to the staffing rota, complaints management and audits.

	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 Elizabeth Jane Ross, 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 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A falls policy and flow chart should be developed and implemented within the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Falls policy and flow chart developed and introduced in the home. All staff educated re post fall actions including CNS observations.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>Particular attention should be given to the areas for improvement identified in section 6.4.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The areas identified in the inspection have been addressed and continue to be monitored via the audit system.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to:</p> <ul style="list-style-type: none"> • wound management • management of infection • weight management • SALT recommendations. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Feedback to registered nurses post inspection, supervision and meetings to address issues. Staff educated to be consistent in updating and monitoring. Audits commenced to review.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the patient's plan is kept under review.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care Plans updated in response to changing needs of patients care, care plans continue to be audited to ensure this.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure all agency staff complete a structured orientation and induction and further ensure a contemporaneous record is retained.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Structured orientation and induction for agency staff commenced and records retained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure all staff participate in a fire drill at least once a year.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All current staff have attended a recent fire drill, fire drills to continue throughout the year.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that accident and incident records are completed in an accurate, comprehensive and contemporaneous manner.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Accidents and incidents reviewed and recorded.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings held quarterly and planners in place to ensure continuation.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that the staffing rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift.</p> <p>Ref: 6.7</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.</p> <p>Ref: 6.7</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Full names of staff are now included on the duty rota. The nurse in charge is clearly identified.</p>
	<p>Response by registered person detailing the actions taken: Review of complaints procedure completed and managed appropriately.</p>
	<p>Response by registered person detailing the actions taken: A system of audits introduced and learning highlighted to staff via "Audit Outcomes and staff meetings.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care