



Unannounced Care Inspection Report 12 June 2018



Queenscourt

Type of Service: Nursing Home (NH)
Address: 36 Doagh Road, Ballyclare, BT39 9BG
Tel No: 02893341472
Inspector: Karen Scarlett

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 43 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual: Eoghain King	Registered Manager: See Below
Person in charge at the time of inspection: Geraldine Borelan	Date manager registered: Geraldine Borelan – acting
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 43

4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 09.00 to 15.45 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.

There were examples of good practice found throughout the inspection in relation to staffing levels, staff induction and their ongoing supervision and training. Good practice was evident in relation to risk management including fire safety, risk assessments and adult safeguarding. Care was delivered compassionately with respect for each patient and their needs and care records were well maintained and reflective of patient need. There was evidence of good team work and communication amongst staff and between staff and residents. Systems were in place to manage weight loss, nutrition and wounds and staff were clearly referring to other professionals and following their recommendations. The venue and the programme for activities was commended and the patients were clearly well engaged and enjoying these. Quality assurance systems were in place to ensure the manager had a good overview of care delivery and record keeping. Staff spoken with were happy to raise their concerns with the manager and felt their concerns were addressed.

Areas requiring improvement under the regulations were identified in relation to the premises, provision of equipment and furniture, adequate storage and with infection prevention and control. The registered person is required to provide detailed plans in relation to the premises, equipment and furniture with the return of the quality improvement plan.

Areas requiring improvement under the standards were identified in relation to the effectiveness of the environmental audit and the regular review of care plans.

Patients described living in Queenscourt 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	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Borelan, 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 2 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 October 2017. 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
- 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.

During the inspection we met with five patients individually and with the majority of others in groups, nine staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 9 to 16 June 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
- three patient care records
- one patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- 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.

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 2 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 June 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 27 (2) (d) Stated: First time	The registered person shall ensure that the décor in the two identified bedrooms and the bathroom is brought up to an acceptable standard	Met

	<p>Action taken as confirmed during the inspection: The requested redecoration had been carried out in the identified bathroom and bedrooms. This area for improvement has been met as stated. However, other concerns were identified in relation to the environment of the home and a further area for improvement has been made. Please refer to section 6.4 for further information.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 44.10 Stated: First time</p>	<p>The registered person shall review the provision of domestic staff at the weekends to ensure that there are sufficient staff to keep the home clean and hygienic at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the domestic hours evidenced that there was a laundry assistant seven days per week. Four days per week there was one domestic on from 8am to 4pm and 3 days there were two on duty. At weekends there was only one domestic on for both cleaning and laundry duties.</p> <p>Observations evidenced a number of issues with cleanliness including a build-up of congealed soap on dispensers, a shower chair not cleaned underneath, a dirty toothbrush holder, dusty ventilation outlets, dusty radiator. Equipment such as raised toilet seats and crash mats were in a poor state of repair and could not be effectively cleaned. Given the issues with cleanliness and hygiene referred to in Section 6.4, this area for improvement has been assessed as not met and has been stated for a second time.</p>	<p>Not met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any gaps in employment history are explored and explanations recorded as part of the recruitment process.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The recruitment files of two employees were reviewed, one of which had a gap in employment. The application form has been amended to ask the applicant to explain gaps but this had not been completed in this case. The gap in employment was not explored at interview, nor was there a prompt for the interviewers on their interview form. Where the files were generally very well maintained this area for improvement had not been fully met and has been stated for the second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the rationale for locking patients' bedroom doors is recorded in the patients care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three care records evidenced that the rationale for locking some patients' bedroom doors had been clearly recorded within the care plans. This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for the management of physical aggression contain details of the type of aggression displayed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The records of two patients who displayed challenging behaviours were reviewed. In both cases the type of aggression was described along with strategies to manage this. This area for improvement has been met.</p>		

Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall ensure that areas for improvement identified during audit are re-audited to ensure the required improvements are made.	Met
	Action taken as confirmed during the inspection: A sample of audits were reviewed and there was clear evidence that, where issues were identified, they had been re-audited and the actions taken were clearly recorded. This area for improvement has been met.	

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 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 9 to 16 June 2018 evidenced that the planned staffing levels were adhered to. 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 relative returned a questionnaire and indicated that they were very satisfied that there were enough staff to meet the patients' needs.

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. An area for improvement identified at the last inspection in relation to exploring gaps in employment was not fully met and this has been stated for a second time. 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 programme of staff supervision and appraisal was ongoing with all staff.

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 the period from January 2017. The manager was in the process of ensuring staff completed their e-learning training and was actively promoting this via supervision and staff spoken with knew that they needed to complete this. This had been identified in the monthly quality reviews as an action. Staff confirmed that they were enabled to attend training or access this from home 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.

Manual handling training was carried out with staff on the day of the inspection, with further sessions planned for more manual handling, dysphagia and first aid. 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 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.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from the previous inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. 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. Following this review an action plan was 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 manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. While a new carpet had been laid in the dining room area, it was already heavily stained. The manager explained that a deep clean had been arranged but the light colour made it difficult to maintain. Three bathrooms/toilet areas were identified as requiring refurbishment due to stained and damaged flooring, wall damage, rusted toilet and shower cubicles and rusted raised toilet seat; these areas were unable to be effectively cleaned. Two of these bathrooms had a significant malodour. Not all toilet areas inspected had a bin available. A bathroom on the ground floor was being used to store laundry skips and could not be accessed by patients. The nurses' station on the first floor was cluttered and being used to store mattresses and boxes. In one patient's room a crash mat and padded bed sides were in use. These were very worn and stained and could not be effectively cleaned. There was significant wear on the handrails of the stairs. An area for improvement has been identified to ensure that the registered person arranges for a full audit of the home which effectively identifies damage to the premises and equipment and that a plan is put in place to address these in a timely manner. In addition, an area for improvement was identified in relation to storage.

A sample of bedrooms was reviewed and there were a number which had been refurbished and were well maintained. All the rooms inspected were personalised and comfortable. There were a number of bedrooms in which furniture was worn, for example the surfaces on vanity units in two bedrooms were significantly damaged and compromised, in another room a drawer was broken; damaged and stained carpets were found in two other bedrooms; exposed pipes, wall damage and chips to wardrobes and chests of drawers were also noted. Two armchairs were found to be worn and torn and unable to be cleaned. An area for improvement has been

identified to ensure that the registered person arranges for a full audit of all bedrooms and communal areas which effectively identifies damaged and worn furniture and that a plan is put in place to address these in a timely manner.

Whilst it was evident that the domestic assistants were cleaning the home, the issues identified with the premises, equipment and furniture meant that the home could not be effectively cleaned. In addition, the findings at this inspection in relation to the cleanliness of the home did not evidence that the domestic staffing arrangements were sufficient. For example, congealed soap was found on the underside of a number of dispensers, the underside of a shower chair had not been cleaned and was visibly soiled, vents and radiators were very dusty and a patient's electric toothbrush holder was heavily soiled. The rota for housekeeping staff was reviewed in response to an area for improvement identified at the previous inspection. This had not been met and has been stated for a second time. Other deficits in adherence to best practice in infection prevention and control were identified including:

- poor availability of gel dispensers and no gel in the two dispensers available
- personal protective equipment (PPE) dispensers inside bathrooms
- storage of aprons and clinical bags on the toilet cisterns
- one staff member not adhering to bare below the elbows policy.

The monthly environment audits and the monthly quality monitoring reports were reviewed from March to May 2018. Where some issues such as carpets and the kitchen door had been identified for improvement, it was very concerning that the issues identified on inspection in relation to the premises, bathrooms, equipment and infection control, had not been identified within these audits or the reports. This was discussed with the manager and it was agreed that urgent action was required and that the focus of the next monthly monitoring visit would be on the environment and infection control in order to meaningfully identify the areas requiring action. An area for improvement has been identified that the governance arrangements in the home are reviewed to ensure that areas of concern with the environment and infection control are effectively identified and that actions are taken to address these in a timely manner.

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

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to.

The manager stated that there was a low incidence of infections, such as urinary tract infections but she had an awareness of the importance of monitoring the incidents of HCAI's and/or when antibiotics were prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels staff induction and their ongoing supervision and training. There was good practice in relation to risk management including fire safety, risk assessments and adult safeguarding.

Areas for improvement

Areas for improvement under the regulations were identified in relation to the premises and equipment, provision of furniture, provision of storage and adherence to best practice in infection control.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

Review of three 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 contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care plans were in place to manage any identified nutritional risk and that these were reflective of the patients' current needs. Care assistants were knowledgeable around the individual nutritional needs of patients which was borne out by observations at snack time and lunch time. The cook was also knowledgeable around the provision of modified diets and confirmed that she was updated with any changes made by the dietician or speech and language therapist. A record was centrally maintained to record patients' weights and this enabled the registered nurses and the manager to track any weight loss or gain over time. There was evidence that referrals were made to the GP and/or dietician as required. However, the entries in the central record had not been recorded in the patients' individual care plan. This was discussed with the manager who agreed to ensure these were included in the care plan.

There was evidence that where a patient had a wound, this was identified and a care plan in place to manage this. There was evidence of regular wound dressing and evaluation by registered nurses and referral to tissue viability when required.

Where a patient had an infection there was evidence that this was responded to promptly and a care plan put in place to address the risks.

It was also evident that a selection of risk assessments and care plans within all three records had not been reviewed since April 2018. On discussion, the manager stated that there should be a consistent monthly review. In addition, a selection of care plans was duplicated or no longer applicable and required to be archived. An area for improvement was identified in relation to timely review of care records.

The supplementary records of one patient including repositioning and food/fluids were reviewed and were found to be well maintained and accurate.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. 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), the speech and language therapist (SALT) or the dietician changed.

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.

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.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery and care records were well maintained and reflective of patient need. There was evidence of good team work and communication amongst staff and between staff and residents. Systems were in place to manage weight loss, nutrition and wounds. Staff were clearly referring to other professionals and following their recommendations.

Areas for improvement

An area for improvement under the standards was identified in relation to the timely review of care records to ensure these are current and reflective of patients’ needs and in accordance with the home’s own policy.

	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.

We arrived in the home at 09.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying their 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, juice, tea or coffee 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. Activities were ongoing throughout the day on the first floor activity room including baking in the morning and games in the afternoon. These were very well attended and received by patients. The activity room was beautifully decorated and displayed examples of the patients' art work and photographs of events they had attended. Future events were advertised on the board including a day trip to Strangford Lough and a disco which patients were excited about attending. The quality of the activities was commended.

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. Tables were set, fluids were available and the menu was displayed and reflective of the meal served. Clothing protectors and specialist equipment, such as plate guards and modified drinking cups were available to promote dignity and independence. Staff were observed assisting patients with their meal appropriately and registered nurses were overseeing the mealtime. There were instances of challenging behaviour displayed by patients and these were dealt with promptly and with no fuss, so as not to disrupt the mealtime experience. 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.

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

Consultation with patients individually, and with others in smaller groups, confirmed that they enjoyed living in Queenscourt with one patient commenting, 'I love it here.' 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.

Ten relative questionnaires were provided and one was returned within the timescale. The respondent was very satisfied with the care across all the four domains.

Staff were asked to complete an on line survey but we had no responses within the timescale specified.

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 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. Care was delivered with compassion and staff demonstrated respect for each patient and clearly knew their individual needs. The venue and the programme for activities was commended and the patients were clearly well engaged and enjoying these.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 its registered categories of care.

Geraldine is currently in post as the temporary manager and in discussion she does not intend to come forward for registration. She agreed to discuss the progress of recruitment of a permanent manager, who can register with RQIA, with the responsible individual. 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 and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff commented positively in relation to the manager and felt she was approachable and addressed their concerns in a timely manner and respected their confidentiality. Staff were able to identify the person in charge of the home in the absence of the 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. Arrangements were in place to implement the collection of equality data within patient care records. The manager was directed to the Equality Commission Website for further information.

Review of the home's complaints records evidenced that whilst there had been no recent complaints, 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 manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, a home manager's monthly audit was completed to include accidents/incidents, IPC practices, incidences of infection, pressure ulcers/wounds, medications, privacy and dignity, training, supervision, appraisal and complaints. In addition, care record audits were undertaken on a monthly basis. There was evidence that when deficits were identified action had been taken to address these. As previously mentioned the environmental audit required review to ensure that this was effectively identifying issues within the environment. In addition, the audit did not specify which area/s of the home was audited, for example, specific bathrooms, bedrooms etc. The manager should also include monitoring of hand hygiene and IPC practices. An area for improvement has been identified.

Discussion with the 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. As previously discussed, it was disappointing that the concerns identified in relation to the premises, equipment and infection control had not been identified. The manager stated that they would request a focus on these areas at the next monthly monitoring visit.

Discussion with the 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 regular audits to ensure the manager had a good overview of care delivery and record keeping. Staff spoken with were happy to raise their concerns with the manager and felt their concerns were addressed.

Areas for improvement

An area for improvement was identified in relation to the quality and effectiveness of the monthly environmental audit which should be reviewed by the registered person to ensure it meets the standard.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Borelan, 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 27 (1) and (2) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With the return of the QIP</p>	<p>The registered person shall ensure that a full audit of the home is carried out which effectively identifies damage to the premises and equipment and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A full audit of the home has been undertaken by the registered person, which effectively identifies damage to equipment and the premises. A plan has been put in place to address this matters, which will be completed in a timely manner.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (1) and (2) (l)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that there is suitable storage provision for the purposes of the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The storage space has been cleared, with unrequired items being disposed. Storage racks to be paced in storage rooms to increase storage space.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: With the return of the QIP</p>	<p>The registered person shall ensure that a full audit is carried out of all bedrooms and communal areas which effectively identifies damaged and worn furniture and that a plan is put in place to address these in a timely manner. This plan should be submitted with the returned QIP.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A full audit has been completed of the bedrooms and communal areas. A plan has been put in place to replace these items in a timely manner.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the governance arrangements in the home are reviewed to ensure that areas of concern with the environment and infection control are effectively identified and that actions are taken to address these in a timely manner.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Nurse manager to review monthly environmental audits, including infection control. These audits shall be included within the monthly Reg 29 reports.</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 44.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall review the provision of domestic staff at the weekends to ensure that there are sufficient staff to keep the home clean and hygienic at all times.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been undertaking additional weekend shifts to ensure weekend cover. A weekend domestic has been appointed and shall take up post by the 1st of September subject to satisfactory references and checks.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: immediately from date of inspection</p>	<p>The registered person shall ensure that any gaps in employment history are explored and explanations recorded as part of the recruitment process.</p> <p>Ref: Section 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: This is undertaken at interview stage of prospective employees.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that there is evidence in the care plans of ongoing and timely review in accordance with the home's policy to ensure the care plans are reflective of the patient's needs.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Named nurses have been advised of this requirement. A monthly audit of care plans shall continue to ensure the care plans are reflective of the patients needs.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2018</p>	<p>The registered person shall review the current environmental audit to ensure that this effectively meets the standard. It should clearly specify the area/s of the home reviewed at the audit and ensure that any deficits are recorded with evidence that these have been addressed.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: Monthly audit completed and at present being reviewed by registered provider and independent auditor, as part of our monthly Reg 29 report. Awaiting the outcome of review to ensure the audit is robust and meets the standards required.</p>

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



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