



Unannounced Care Inspection Report 4 April 2019



Castleview

Type of service: Nursing Home
Address: 40-42 Scotch Quarter, Carrickfergus, BT38 7DP
Tel No: 028 9336 6763
Inspector: Sharon McKnight

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients with a learning disability.

3.0 Service details

| | |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Organisation/Registered Provider: Castlevue Private Nursing Home Ltd Responsible Individual: Lynda McCourt | Registered manager: Rhonda Murray |
| Person in charge at the time of inspection: Rhonda Murray | Date manager registered: 19 August 2013 |
| Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of registered places: 36 |

4.0 Inspection summary

An unannounced inspection took place on 4 April 2019 from 09:45 to 17:00.

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 the provision and training of staff, staffs attentiveness to patients, the use of restrictive practice and patient safety. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We observed that patients were offered choice with the daily routine and that there were systems to provide patients with a say in the day to day running of the home. There was a varied and meaningful activity programmes provided daily which had a positive impact of the life of the patients.

There were stable and well established management arrangements with systems to provide them with oversight of the services delivered.

Areas requiring improvement were identified with care records and the completion of post falls evaluation.

Patients said they were happy living in the home, and this was obvious from their interactions with staff and the inspector. Patients who were unable to voice their opinions were relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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 | 2 |

*The total number of areas for improvement include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Murray, registered manager and Jacqui McCourt, company director, 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 21 September 2019.

The most recent inspection of the home was an unannounced finance management inspection. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 31 March to 6 April 2019
- 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
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 21 September 2019

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector.

This QIP will be validated at the next inspection to the home.

6.2 Review of areas for improvement from the last care inspection dated 30 April 2019.

| 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 14 (2) (a)(c) Stated: Second time | The registered person shall ensure that chemicals/substances are stored in keeping with COSHH regulations, as appropriate. | Met |
| | Action taken as confirmed during the inspection: No issues were identified with the safe storage of cleaning chemicals during this inspection. | |
| Area for improvement 2 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. | Met |
| | Action taken as confirmed during the inspection: Remedial work to the environment has been completed and the identified areas addressed. | |
| Area for improvement 3 Ref: Regulation 19 (1) (a) Stated: First time | The registered person shall ensure that all supplementary care records are completed by staff in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, specifically, elimination and repositioning records. | Partially met |
| | Action taken as confirmed during the inspection: The required improvements were made to elimination records, however further improvements are required with the repositioning charts. This area for improvement has been partially met and is stated for a second time. | |

| | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Area for improvement 4 Ref: Regulation 17 (1) Stated: First time | <p>The registered person shall ensure that an annual quality report is completed, to ensure that the quality of nursing and other service provision is reviewed. This report must also evidence consultation with patients and their representatives.</p> <p>Action taken as confirmed during the inspection: The annual report for 2018 had been completed and was available in the home.</p> | Met |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | |
| Area for improvement 1 Ref: Standard 40 Stated: Second time | <p>The registered person shall ensure that all staff has annual appraisal meetings in order to review their performance against their job descriptions, and to agree personal development plans.</p> <p>Action taken as confirmed during the inspection: Records confirmed that an appraisal of staff performance, reflection of learning opportunities and training and identification of any additional training needs had been completed with staff.</p> <p>We discussed the current template for appraisals and staff supervision. It was agreed that the registered manager would review the template for staff supervision to ensure there was no duplication between appraisal and supervision.</p> | Met |
| Area for improvement 2 Ref: Standard 35 Stated: First time | | |
| | <p>The registered person shall ensure that a robust system is in place for monitoring and reviewing the registration of care staff with the Northern Ireland Social Care Council (NISCC).</p> <p>Action taken as confirmed during the inspection: Records evidenced that checks to monitor and review the registration of care staff with the NISCC were being completed monthly.</p> | Met |

| | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Area for improvement 3 Ref: Standard 35 Stated: First time | The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, supplementary care records and restrictive practice. | Met |
| | Action taken as confirmed during the inspection: Records confirmed that the registered manager completed monthly audits of a range of activities within the home. | |

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.

In order to determine if care was delivered safely we talked with a number of the staff. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the patients. On each shift there were registered nurses and care staff rostered. A member of staff was also provided Monday to Friday to drive the bus. We observed that the allocation of staff was flexible to support staff response to unpredictable situations at times.

The photographs and names of the staff on duty were displayed for the patients on a notice board which was updated daily. We observed patients checking this notice board to see which staff were on duty in the afternoon. We also overheard patients telling other patients who was working in the afternoon; this demonstrated the effectiveness of this communication tool. Those patients who could communicate verbally called the staff by their name; it was obvious that staff were familiar to them.

It was good to observe that those patients who, due to the nature of their disability were unable to request staffs' attention, were regularly attended to by staff. Staff spoke with these patients in the same familiar way as with the patients who could answer them.

A system was in place to identify staffing levels to meet the patient's needs. A review of the staff rotas for the week commencing 31 March 2019 confirmed that the staffing numbers identified by the registered manager were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken.

We spoke with the relatives of two patients. The relatives spoke highly of all of the staff and told us that the patients' needs were attended to promptly and that staff were pleasant and attentive.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not present during the inspection. Unfortunately there were no responses received.

We discussed the recruitment of staff with the registered manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with people with a learning disability. All of the checks had been completed prior to candidates commencing employment. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed.

The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed the systems in place to ensure patients are protected from abuse. The registered manager confirmed that the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. Staff spoken with were knowledgeable of the action to take, and who to inform, in the event of an allegation of abuse being made. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or lap straps on wheelchairs in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest. It was good to note that patients, who were able to provide consent to the use of this type of equipment, were involved in the decision making process; this involvement of patients in decision making was commended. Staff, relatives and the healthcare professionals from the relevant health and social care trust were also involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. Patients' relatives, the registered manager and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified. The information we reviewed in the accident reports confirmed that patients received appropriate treatment. The registered manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities liquid soap and disposable hand towels were widely available and well utilized through the home. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately.

The environment in Castlevue was homely, warm and comfortable. There were numerous areas throughout the home where armchairs were provided for patients to relax in. There was also a comfortable sitting area in the foyer of the home. This area had recently been decorated with bright colourful décor; staff explained that this was a popular area with patients as they saw everyone coming and going. There were two formal sitting rooms at the front of the home with views over Belfast Lough; these rooms were also popular with the patients.

The home has a small, enclosed patio providing patients with a space to sit outside; many of the patients were able to access this outside space without the need for staff escort providing them with an opportunity for independence. A colourful mural of Carrickfergus seafront and the ferries that pass up Belfast Lough was painted on the courtyard wall.

A number of the bedrooms have recently been redecorated; we were informed that patients were supported to choose a wallpaper of their choice for their bedrooms. Patients either attended the local shop to select their wallpaper, or, for patients who were unable to visit the shop samples were brought to them. Patients told us that they liked the home; many of them were enthusiastic to show us their bedrooms; staff encouraged the patients to independently show us their rooms and belongings that were special to them. The home was clean and fresh smelling throughout.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients, the use of restrictive practice and patient safety. The environment was safely managed without detracting from the homely atmosphere.

Areas for improvement

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

6.5 Is care effective?

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

We spoke with ten patients individually all of who were happy in the home. We spoke with the relatives of two patients who confirmed that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. They were satisfied with the arrangements for their loved ones if they needed to attend hospital appointments. The relatives of one patient told us that although they like to attend medical appointments with their loved one, a staff member also goes along to help support the whole family in what can be unfamiliar surroundings for the patient. This level of family support was commended.

We observed that there were clear working arrangements for the sharing of the needs of the patients between staff. Patient care was discussed at the beginning of each shift. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day, including who was participating in which activities.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home; from these, care plans which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, behavioural nurse specialists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Documentation to record wound care was in place. The registered nurses were knowledgeable of the records to be completed. One patient was identified by staff as requiring wound care; however on review of the records and discussion with staff it was clear that the patient did not have a wound; a plan of care was in place should the patients skin condition deteriorate and a wound develop. It was agreed that the records of the identified patient would be reviewed and updated to accurately reflect their skin care needs; this was identified as an area for improvement.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. The care plans included if the patients were reluctant to allow staff to assist them to change their position, or remain in a position for pressure relief; this is good practice. Pressure relieving care was recorded on repositioning charts. The completion of repositioning charts was identified as area for improvement during the previous care inspection. Whilst improvements were noted to the completion of these charts further development is required to support the contemporaneous recording of care delivery. This area for improvement has been stated for a second time.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patient's weights were kept under review and checked monthly to identify any patient who had lost or were gaining weight. Where there was an identified need records were kept of what patients had to eat and drink daily.

Patients we spoke with were very happy with the variety and quality of the meals provided. There was an unhurried approach to mealtimes; for example breakfast is served from 08 00 and finishes around 10 30 which ensures that patients can have their breakfast on arrival to the dining room. Lunch and evening tea are served over two sittings to ensure patients have their meals promptly. A variety of plates and cutlery were available for patients to maximise their independence at mealtime.

A dining area, for patients who are less dependent at mealtimes was provided in the servery kitchen adjacent to the main dining room. We spoke with two patients who were having lunch in this area; the room was quieter and less busy and the ladies were chatting socially to each other over lunch. One lady told us that she enjoyed having a smaller dining room to eat in.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the accident book and the management of falls recorded. We can confirm that recorded accidents were appropriately managed with medical advice sought as required if an injury was sustained. It is good practice to complete a post falls review, within 24 hours of a patient sustaining a fall. This provides an opportunity to determine any reason for the fall and identify any preventative measures to minimise the risk of further falls. This post falls review was not being completed; this was identified as an area for improvement.

Staff were well informed with regard to patients' needs and encouraged those patients who could express their preference to do so. Staff demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion. Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

Areas for improvement

The care records of the identified patient require reviewing and updating to accurately reflect the patient's skin care needs.

A post falls evaluation should be completed within 24 hours of a patient sustaining a fall.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

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 09:40 and were welcomed in by patients and staff. There was a lot of activity in the foyer with patients and staff arranging who was going on the outing to the cinema. A number of patients were still enjoying their breakfast in the dining room.

Staff spoke to us about the challenge of managing patients expectations, especially those who had difficulty coping with having to wait for staff attention. Due to the unpredictability of patient need staff were very aware of the need for a flexible routine. Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient. Staff were also aware of potential clashes of personalities between the patients and provided discreet diversions on numerous occasions.

It was obvious from patients' behaviour that they were happy and content in the home. We observed patients who were excited for the outing planned, others that were content relaxing in the lounges and other patients who walked around the home observing what was going on. We spoke with 11 patients who told us the following:

"I love having my own room, I can go into it if it gets too noisy."

"I'm happy here."

"I like the bus trips."

"I like it here."

"We're going to the cinema, I like the bus."

Patients meetings were held monthly and were well attended. Issues discussed at previous meetings included activities, the menu and individual issues raised by patients. A record is kept of each meetings and progress with any actions identified is discussed at the next meeting. The registered manager explained that, to make the meetings meaningful patients must be provided with details of any actions taken in response to suggestions they make or an explanation why their request could not be met.

We spoke with the relatives of two patients who told us the following:

"There is not another home in Northern Ireland like it."

"The atmosphere is so friendly and the patients and staff and so happy."

The home provides questionnaires on an annual basis for the patients and relatives. The patients' questionnaires have smiley faces for the patients to record their level of satisfaction. These were completed in March 2019 – 94% of patients responded they were happy, 0.3% were unhappy and 5% were not sure. Details of why patients were not happy/not sure had been provided and the home had included what action they had taken in the outcome report. Management confirmed that the outcome of the questionnaires would be shared with the patients at the next meeting.

Questionnaires were issued to relatives in February 2019; responses were still being received. These are examples of comments provided in the returned questionnaires:

"Since ... went into Castlevew to live he has had a much better standard of life. Nothing is too much trouble...all the staff go the extra mile."

"I have found the staff team very supportive and willing to discuss any concerns I have about ..."

"...has always had a comfortable home sfrom the time she entered Castlevew."

The registered manager, company director and staff spoke passionately about the huge role activities play in the life of the patients in Castlevew. There is daily timetable of activities which is co-ordinated by staff. These activities range from puzzles, arts and crafts, movie afternoons, visits into town and bus trips. Pet therapy, tribal drumming, zumba and drama sessions are provided by local organisations who visit the home. Patients also attend social events outside the home; a number of patients are members of the local gateway club and patients enjoy regular nights out to the Black Box in Belfast who host a monthly disco.

Staff also encourage the patients to get involved in world wide activities such as the recent World Down Syndrome Day which encouraged everyone to wear odd socks on an identified date. Photographs were displayed in the home of patients wearing their odds socks alongside numerous photos of patients enjoying a range of activities.

The local health and social care trust host a psychology group with patients in the home. Management explained that this group provides patients with support for social wellbeing, and more recently, provided a patient with support following a bereavement. A group, attended by four patients, took place on the morning of the inspection.

The most recent initiative to inform patients and relatives of the events in Castlevue is the production of a monthly newspaper. The February edition included a feature on a patient who had celebrated their 50th Birthday, details of a recent pet therapy visit and a night out in the Black Box. Both patients and relatives told us they looked forward to the next edition.

The home has received numerous compliments, mainly in the form of thank you cards. These are some of the comments included:

“Thank you for givinga lifetime of happiness, joy and love.”

“I want to thank all the staff who made birthday such a special day.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the daily routine, systems to provide patients with a say in the day to day running of the home, systems to seek the opinion of patients and their relatives and the provision of a varied and meaningful activity programmes which has a positive impact of the life of the patients.

No areas for improvement were identified during the inspection.

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 registered manager is the person in day to day operation of the home; the current manager has been registered with RQIA since 2013 and was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The manager is supported on daily basis by the company director, Ms Jackie McCord. A review of the duty rota evidenced that the registered manager's hours were clearly recorded. It was obvious from the interactions we observed throughout the day that the management team were well known to the patients.

The management team reviews the services delivered by completing a range of monthly audits. Areas audited included compliance with staff supervision and appraisal, analysis of accidents/incidents, outcome of care management reviews, significant medical reviews and wounds.

The responsible person, an owner of Castlevue, is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit by an external consultant. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was in place and records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the outcome. Patients told us if they were worried or wanted something to change they would talk to the manager of staff; some named the staff they would talk to. Relatives we spoke with were confident that any concerns or issues brought to the attention of staff would be appropriately addressed.

Systems were also in place to record compliments received. Examples of compliments received have been provided in section 6.6 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Murray, registered manager and Jacqui McCourt, company director, 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 | |
| Area for improvement 1 Ref: Regulation 19 (1) (a) Stated: Second time To be completed by: Ongoing from the date of the inspection. | <p>The registered person shall ensure that all supplementary care records are completed by staff in an accurate, thorough and consistent manner in compliance with legislative and best practice standards, specifically, elimination and repositioning records.</p> <p>Ref 6.2</p> <p>Response by registered person detailing the actions taken: New performa has been developed, namely Turning Records that are in use over a 24 hour period. These records will inform nursing staff of any treatment required, advice nursing notes and decisions made will be clearly reflected. New performa has also been developed for elimination records.</p> |
| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
| Area for improvement 1 Ref: Standard 22.9 Stated: First time To be completed by: Ongoing from the date of the inspection. | <p>The registered person shall ensure that a post falls review is completed within 24 hours of a patient sustaining a fall to determine any reason for the fall and identify any preventative measures to minimise the risk of further falls. .</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: New performa has been developed for Post Fall Evaluation which is specifically designed for this client group. It is completed within 24 hours of a fall to determine cause of the fall and identify measures to prevent reoccurrence or minimise the risk.</p> |
| Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 2 May 2019 | <p>The registered person shall ensure that the records of the identified patient are reviewed and updated to accurately reflect the patient's skin care needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The records for the identified resident have been amended and updated to accurately reflect their specific skin care needs.</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 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care