



Unannounced Care Inspection Report

30 April 2018



Castleview

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

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 36 persons.

3.0 Service details

Organisation/Registered Provider: Castlevew 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 30 April 2018 from 09.15 to 16.30 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 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 holistic culture and ethos of care delivery; communication between staff and patients; staff awareness relating to adult safeguarding and the dining experience of patients.

Areas for improvement under regulation were identified in relation to: Control of Substances Hazardous to Health (COSHH) compliance, infection prevention and control (IPC) practices, supplementary care records and the annual quality report.

Areas for improvement under the standards were identified in relation to governance processes focusing on care delivery and quality assurance, monitoring the professional registration of staff, and staff management.

Patients appeared relaxed and content in their environment displaying confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	*3	*3

*The total number of areas for improvement includes one regulation and one standard which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Murray, registered manager, and Ms Jacqui McCourt, resource 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 28 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 June 2017. There were no further actions required to be taken following the most recent inspection. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with five patients, and three staff. No patients' relatives/representatives were available during the inspection. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined during the inspection:

- staff duty rota for the period 16 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2017/18
- accident and incident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- three patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and Ms Jacqui McCourt, resource manager, at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 June 2018

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 11 April 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 14 (2) (a)(c) Stated: First time	The registered person must ensure that chemicals are stored in keeping with COSHH regulations.	Not met
	Action taken as confirmed during the inspection: Observation of the environment highlighted three areas in which substances were not stored in keeping with COSHH regulations. Ongoing observation of the environment provided sufficient assurances that chemicals/substances within the home were appropriately managed throughout the remainder of the inspection. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 21 (1) (a) (b) Stated: First time	The registered person must ensure that staff are not employed within the home unless all the legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005 have been met.	Met
	Action taken as confirmed during the inspection: Review of recruitment records evidenced that staff were employed in accordance with legislative requirements as stated in Regulation 21 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all patients who are admitted into the home have a written care plan prepared by registered nursing staff in a timely manner in keeping with current legislative requirements.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for three patients evidenced that care plans were written in a timely manner in keeping with legislative requirements.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure the care needs of patients admitted into the home are holistically assessed by registered nursing staff in a timely manner in keeping with current legislative requirements</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of care records for three patients evidenced that risk assessments were completed in a timely manner in keeping with current legislative requirements.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p>	<p>The registered person should ensure that equipment is cleaned effectively and regularly in keeping with best practice guidance on IPC. All patient hoists should also be fit for purpose so that best practice guidance on IPC can be adhered to.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment confirmed that the IPC deficits identified in the previous care inspection had been satisfactorily met. However, other weaknesses in regards to IPC were noted and are referenced further in section 6.4.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person should ensure that relatives meetings are facilitated on a regular basis so as to facilitate their participation in all aspects of patient care. The registered person should also ensure that resident questionnaires which are used to assess patient satisfaction are reviewed, assessed and acted upon in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of governance records confirmed that relatives meetings were facilitated so as to facilitate their participation in all aspects of patient care. The registered manager also confirmed that questionnaires had been issued to patients throughout March/April 2018 focusing on service delivery and that results were in the process of being reviewed.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person should ensure that a more robust system of audits is implemented to ensure the home delivers services effectively in accordance with legislative requirements, minimum standards and current best practice. Specifically, care records and IPC.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of governance records evidenced that care records were audited quarterly and that a thematic approach was taken. Governance records also confirmed that a weekly environmental audit was completed by staff and reviewed by the registered manager.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person should ensure that all staff have annual appraisal meetings in order to review their performance against their job descriptions, and to agree personal development plans.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of governance records highlighted that there was insufficient evidence to confirm that staff received an annual appraisal.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 16 to 29 April 2018 there were no occasions when planned staffing levels were not fully adhered to due to staff sickness. Discussion with staff confirmed that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. However, discussion with the registered manager/staff and review of appraisal records did not provide assurance that all staff had received their annual appraisal in keeping with best practice standards. This was highlighted to the registered manager and an area for improvement under the standards was stated for a second time. It was also stressed that governance processes must ensure that staff also receives bi-annual supervision. This will be reviewed during a future care inspection.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The registered manager and staff also demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC). However, review of governance records for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) highlighted that these were inaccurate and did not provide sufficient assurance that the NISCC registration of staff

was effectively monitored and reviewed. The registered manager confirmed that all staff currently employed within the home were either registered with NISCC or are in the process of doing so. An area for improvement under the standards was made.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. It was noted that there was an ongoing refurbishment plan throughout the home which was underway during the inspection. While patients appeared to be undisturbed by the presence and activity of staff carrying out these refurbishment works, discussion with the registered manager highlighted that visiting maintenance staff did not undergo any form of orientation to the home in order to ensure the safety and well-being of patients at all times. The registered manager agreed to ensure that all maintenance staff visiting the home are provided with same.

The majority of patients' bedrooms were personalised with photographs, pictures and personal items. A review of the environment identified a number of shortfalls, namely: one activity room was found to be excessively cluttered with patients' clothing and miscellaneous activity items; one mattress was left unattended in a corridor; signage was absent from two communal showers and two portable radiators were present, although not in use. These deficits were discussed with the registered manager who provided assurance that appropriate action was taken to appropriately address these matters.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff practice evidenced that training provided in this area of practice was embedded into practice.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with patients' relatives/representatives where appropriate. Weaknesses with regards to the auditing of restrictive practice care records are discussed further in section 6.7.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: one damaged wash hand basin unit; damage to the ceiling and wall within the designated smoke room; damage to the ceiling of one communal bathroom; the use of worn and unlaminated signage throughout the home; three chairs noted to be significantly worn/torn; and staff practices with regards to effective hand washing. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. These shortfalls were discussed with both the registered manager and resource manager and while some actions were taken to address a number of these deficits, some shortfalls still require remedial action. An area for improvement under regulation was therefore made.

During a review of the environment it was noted that there were three areas in which patients could potentially have had access to harmful chemicals/substances. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the registered manager before the conclusion of the inspection. It was further agreed with the registered manager that the orientation of any visiting maintenance staff must include a focus on the safe custody of all equipment/materials which may pose a potential danger to patients. No chemicals/substances were noted to be stored unsafely throughout the remainder of the inspection. An area for improvement under regulation was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to culture and ethos of the home which promoted person-centred and compassionate care.

Areas for improvement

An area for improvement under regulation was identified in relation to infection, prevention and control practices. A further area for improvement under regulation in regards to COSHH compliance was stated for a second time.

An area for improvement under the standards was highlighted in regards to monitoring the professional registration of staff. A further area for improvement under the standards was stated for a second time concerning staff appraisals.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff spoke positively about the sense of teamwork and shared ethos of compassionate care which existed within the staff team.

A review of supplementary care charts, specifically those focusing on elimination needs, evidenced that they were not maintained by staff in accordance with best practice guidance, care standards and legislative requirements. Discussion with the registered manager further highlighted, that while supplementary charts for the purpose of recording the repositioning of patients, were available, these were not used by staff. This impacted the ability of nursing/care staff to effectively monitor patients' pressure areas and reduce the likelihood of skin damage occurring. An area for improvement under regulation was made.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Care plans and risk assessments were also noted to be reviewed by nursing staff on a regular basis. However, weaknesses were noted with regards to these

records. For instance, one care plan contained inaccurate information about a patient’s level of assessed mobility and discussion with the registered manager confirmed that two other patients’ had a care plan which no longer accurately reflected their assessed needs. It was further noted that a risk assessment for one patient was also partially incomplete. Although observation of care delivery on the day of inspection provided assurance that the holistic needs of patients were being effectively met by staff, the need to ensure that patients’ risk assessments and care plans are thoroughly completed and remain relevant at all times was stressed. This will be reviewed during a future care inspection.

Review of daily entries into patients’ care records by nursing staff was also found to be insufficient and lacking detail on occasion. The need to ensure that all daily nursing entries accurately and comprehensively evidence the provision of nursing care, based on the assessed needs of patients was emphasised. This will also be reviewed during a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork within the home and multidisciplinary collaboration.

Areas for improvement

An area for improvement under regulation was identified in regards to care records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Discussion with the registered manager and staff confirmed that communication with patients often required a highly knowledgeable and focused approach due to patients’ varying care needs. Observation of staff interaction with patients evidenced the provision of such care and this is commended.

Five patients were spoken with by the inspector individually while other patients were observed in small groups. All patients appeared content within their environment and engaged enthusiastically and comfortably with staff on duty.

Staff demonstrated an intimate knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and at ease in their surroundings and in their interactions with staff.

Discussion with staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Staff expressed confidence that if they raised a concern or query, they would be taken seriously and their concern would be addressed appropriately.

Feedback received from several patients during the inspection included the following comments:

"I love it."

"I like the girls."

Feedback received from staff during the inspection included the following comments:

"The standard of care here is A1."

"It's a very well-run home ... we all work together ... and we're supported by the manager."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, three relative's questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care.

Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

There were systems in place to obtain the views of patients and their representatives on the running of the home. The registered manager confirmed that questionnaires had been issued to patients throughout March/April 2018 focusing on service delivery and those results were in the process of being reviewed.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area being used appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Staff was overheard encouraging patients to eat and drink in a compassionate manner and offering alternative meals if necessary. Staff who were assisting patients with their meals also demonstrated a compassionate and person centred approach at all times. Such practice is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communicating with patients and taking account of their views; awareness of and adherence to the dietary requirements and preferences 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

The home's complaints procedure was clearly displayed and it was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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. Discussion with, and observation of staff confirmed that they recognised and responded appropriately to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice.

Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Discussion with the registered manager and staff confirmed that staff meetings were held and that minutes were maintained and available for staff. The most recent staff meeting was conducted on 21 March 2018 and prior to that on 27 September 2017. The registered manager was advised that these meetings should be held on a regular basis and at a minimum quarterly as per care standards for nursing homes. This will be reviewed during a future care inspection.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to:

- infection, prevention and control,
- falls,
- record keeping.

However, discussion with the registered manager highlighted that the care records audit did not include any supplementary care records. In addition, it was also noted that no auditing of restrictive practices is conducted. These deficits were discussed with the registered manager and it was agreed that these shortfalls should be addressed in order to quality assure the ongoing delivery of care to patients. An area for improvement under the standards was made. No deficits with regards to restrictive practices were noted during the inspection.

Discussion with the registered manager and resource manager highlighted that the home's annual quality report, as required by Regulation 17 of the Nursing Homes Regulations (Northern Ireland) 2005, was not completed. An area for improvement under regulation was made.

Discussion with the registered manager and a review of records evidenced that a current fire risk assessment was in place.

The registered manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The registered manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The registered manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Discussion with the registered manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed, and where relevant, made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the recruitment of staff and monthly monitoring visits.

Areas for improvement

One area for improvement under regulation was identified in regards to the annual quality report.

One area for improvement under the standards was made in relation to governance audits.

	Regulations	Standards
Total number of areas for improvement	1	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 Rhonda Murray, registered manager, and Ms Jacqui McCourt, resource 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 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals/substances are stored in keeping with COSHH regulations, as appropriate.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The areas discovered on the day of inspection were rectified immediately. Two of these were related to outside contractors who had accidentally left materials unsecured. To prevent reoccurrence of this, all outside contractors/maintenance personnel will be inducted before commencing any work. This will include health and safety measures that need to be adhered to so that the safety and well being of residents is maintained. The registered manager completes a daily environment check to ensure COSHH regulations are adhered to. A weekly COSHH audit is also completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The one damaged hand basin was on the list of works timetable to be completed that is currently underway. A copy of this timetable was provided to the inspector on the day of inspection. A new sink and surround has now been fitted. The damage noted to the ceiling and wall of the residents smoking room was also on the repair works timetable. This repair has also been completed. Damage to the ceiling in a communal bathroom has also since been repaired. Worn and unlaminated signage throughout the home was removed and replaced with laminated signage on the day of inspection. Worn/torn chairs have been discarded and replaced with new chairs. In regards to staff practices of hand washing, the one staff noted in this observation has received counselling and supervision in relation to this and completed updated training on infection control.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p>	<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: Section 6.5</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: There are currently no pressure related skin problems with any residents, and care staff verbally report repositioning and carry out the action throughout the day and night, however lack of evidence of this taking place is where the improvement is required. A new proforma has been introduced which includes repositioning and toileting records. The need for improvement in record keeping has been reiterated with care staff and is included in their supervision. The registered manager now audits this on a weekly basis. Record keeping training has also been provided to all staff.</p>
<p>Area for improvement 4 Ref: Regulation 17 (1) Stated: First time To be completed by: 28 May 2018</p>	<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>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: An annual quality report has been completed.</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>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<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>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A new appraisal timetable has been produced to include bi-annual supervision and annual appraisal. The registered manager has delegated some of these to trained/qualified staff to aid the timely completion of these supervisions.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has now included a NISCC registration audit to the monthly auditing system. This commenced following the inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: A robust system of auditing is already implemented and maintained. Restrictive practice and supplementary care records have now been added to this auditing system.</p>

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



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