The Regulation and Quality Improvement Authority

Unannounced Secondary Care Inspection

Name of Establishment:	**Karina Lodge**
Establishment ID No:	**1392**
Date of Inspection:	**18 February 2015**
Inspectors' Names:	**Aveen Donnelly & Lynn Long**
Inspection ID:	**INO21187**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Karina Lodge
Address:	40 Drumsaragh Road Kilrea BT51 5XN
Telephone Number:	028 2954 1111
E mail Address:	tgi1033973@aol.com
Registered Organisation/ Registered Provider:	Mr Thomas Girvan
Registered Manager:	Mrs Mary Doherty
Person in Charge of the Home at the Time of Inspection:	Ms Bernadette Donaghy
Categories of Care:	NH - I
Number of Registered Places:	15
Number of Patients Accommodated on Day of Inspection:	14
Scale of Charges (per week):	£596
Date and Type of Previous Inspection:	27 May 2014 Announced Primary Care Inspection
Date and Time of Inspection:	18 February 2015 10:00 – 16:00
Name of Inspectors:	Aveen Donnelly & Lynn Long

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with registered provider
- Discussion with staff
- Discussion with patients individually
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises.

1.3 Consultation

During the course of the inspection, the inspector spoke with:

Patients	6
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided by the inspectors, during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	6	0
Relatives/Representatives	5	0
Staff	10	7

1.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The home’s compliance level against each criterion and also against each standard has been rated.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Karina Lodge is a two storey building which has been converted and extended to provide accommodation for persons needing nursing care. The home is situated in a quiet location, a few miles out of Kilrea, towards Maghera.

The current registered manager is Mrs Mary Doherty.

The home was first registered by the Regulation and Quality Improvement Authority (RQIA) on 06 October 1987 to provide care for a maximum of 15 persons, under the following category:

Nursing Home (maximum 15 persons)
NH-I Old age not falling into any other category

Accommodation is provided in seven single and four double bedrooms on both floors. Access to the first floor is via a chair lift and stairs. There is one lounge and one dining room in the home and there is an adequate number of toilets, bathrooms and shower rooms throughout the home. The main foyer is spacious and offers alternative seating to the main lounge.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

3.0 Summary

This unannounced care inspection of Karina Lodge was undertaken by Aveen Donnelly and Lynn Long on 18 February 2015 between the hours of 10:00 and 16:00. The inspectors were welcomed into the home by Ms Bernadette Donaghy, registered nurse who was available throughout the inspection and for feedback at the conclusion of the inspection. Mr Tom Girvan, registered provider was available for periods throughout the inspection and for feedback at the conclusion of the inspection.

The focus of the inspection was in relation to DHSSPS Nursing Homes Minimum Standard 19 – Continence Management. The inspection also sought to assess progress with the issues raised, during and since the previous inspection.

The four requirements made as a result of the previous inspection were also examined. Observations and discussion demonstrated that three had not been addressed and one had been partially addressed. The requirements in relation to notifications of incidents of pressure sores, reviewing and updating the complaints procedures and staff training have been stated for the second time. The requirement regarding Access NI enhanced disclosure records had not been addressed for the third time and has been subsumed into a Failure to Comply Notice.

One of the six recommendations had been addressed and two were not reviewed and have been carried forward for review during the next inspection. The recommendations in relation to updating care records to reflect the pressure relieving equipment in use and ensuring a pain assessment is maintained have not been addressed and have been stated for the second time. The recommendation in relation to preparing an annual quality review report, which had been stated for the second time has not been addressed and a requirement has been made.

The detail of the action taken by Mr Girvan can be viewed in the section following this summary.

With regards to standard 19: continence management care practices were deemed to be substantially compliant. Practices observed and care records reviewed confirmed that patients' continence needs were met with dignity and respect. A recommendation has been made to ensure additional guidelines on continence care is available to staff. A recommendation has also been made to ensure that bowel function, reflective of the Bristol Stool Chart, is recorded as a baseline and in daily progress records.

A review of the regulation 29 visit reports identified that the visit had not been conducted in January 2015 and the content of the reports did not provide sufficient detail. These issues were discussed with Mr Girvan and a requirement has been made.

A review of the patient register identified that there were two patients whose details had not been identified and there was confusion amongst staff regarding the system for recording this information. This was discussed with Mr Girvan and a requirement has been made.

A review of one patients care records identified that the patient did not have a written care plan despite being resident in the home since October 2014. The importance of ensuring a nursing care plan is developed in a timely manner and reviewed on a regular basis was discussed with Ms Donaghy and a requirement has been made.

The accident reports were reviewed and found to be accurately maintained. However, inspectors were informed that two patients in the home had recently been discharged from hospital with the same infection. The infections were such that visitors to the home should have been restricted. These infections had not been notified to RQIA. A requirement to ensure that any outbreak of an infectious disease is notified to RQIA has been made. A recommendation has also been made to review the practice of storing incontinence products in the corridor to prevent the risk of spread of infection.

Policies and procedures were retained in a manner making them accessible to staff. However, the policies and procedures were not centrally indexed, version and date controlled and subject to a three yearly review. This was discussed with Ms Donaghy and Mr Girvan and a recommendation has been made.

Consultation with patients and visiting relatives and comments from completed questionnaires indicated a general satisfaction with care. There were no concerns raised with the inspectors on the day of the inspection.

The general environment was inspected. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was clean and comfortably heated throughout. There was one shower area identified were the flooring was not sealed and there was a bath in an identified bathroom that was in need of repair or replacement and had been placed out of commission. A requirement has been made to address these issues.

There were a number of areas were cleaning products were not being stored appropriately and the treatment room was observed to be unlocked between 10.00 and 14.00. These issues were discussed with Ms Donaghy and a requirement to address them has been made.

The management of complaints was discussed and it was confirmed that verbal complaints were not always recorded. A recommendation to review the current system for the management of complaints was made.

During two previous inspections in August 2013 and May 2014 issues were identified in relation to the recruitment of staff and a requirement to address the issues was made. During the inspection in January 2014, the inspector was unable to review staff personnel records to validate the recruitment process as the manager of the home was on leave and the records could not be accessed. Despite requirements in relation to recruitment of staff having been made in August 2013 and May 2014 during the inspection on 18 February 2015, a number of issues outlined in section 6.8 in relation to recruitment of staff were again identified and included that one member of staff was currently employed without an enhanced AccessNI disclosure check. Staff personnel records could not be reviewed to validate the recruitment process. RQIA are concerned that patients are being put at unnecessary risk as a result of a lack of robustness in the process for the recruitment and selection of staff. Despite having raised these matters during previous inspections, the registered person had not made the improvements necessary to ensure full compliance with the required regulations.

The concerns in relation to recruitment of staff, including AccessNI enhanced disclosure checks and access to and management of records were discussed during feedback and included that the safeguards to protect and minimise risk to patients, during recruitment were compromised. At the request of the inspectors Mr Girvan and Ms Donaghy confirmed that the identified staff member without an AccessNI enhanced disclosure check would not return to work until such times as a satisfactory check had been received.

Following the inspection, these matters were reported to senior management in RQIA as a serious concern. Subsequent to this a decision was taken to hold a meeting with the intention to issue two notices of failures to comply in respect of Regulation 19, Records and Regulation 21, Fitness of Workers, of The Nursing Homes Regulations (Northern Ireland) 2005. Mr Girvan, registered person, was invited to attend a meeting at RQIA on 24 February 2015.

The outcome of the meeting resulted in enforcement action being taken by RQIA. RQIA issued two Notices of Failure to Comply in respect of Regulation 19 and Regulation 21 on 25 February 2015 to the registered person. A follow up inspection will be undertaken on expiry of the notice to ensure that the actions required have been addressed in full.

As a result of this inspection, 10 requirements, three of which have been stated for the second time have been made. Nine recommendations, two of which have been stated for the second time and two which were not examined and are carried forward for review at the next inspection have been made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank Mr Girvan, Ms Donaghy, patients, visiting relatives and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	21(b)	The registered person shall not employ a person to work at the nursing home unless subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraph1 to 7 of Schedule 2 These records are to be maintained in the home.	Recruitment records were not available for inspection. Access NI enhanced disclosure records were being retained in the registered provider's home. Information shared with the inspectors confirmed that there was one staff member employed in the home who did not have an AccessNI enhanced disclosure. Additional areas of concern with regards recruitment processes were also identified. These are discussed further in section 6.6. This requirement has not been addressed and has been subsumed into a failure to comply notice.	Not compliant
2	30 (1) (d)	The registered person, shall inform RQIA of any event in the nursing home which adversely affects the wellbeing or safety of any patient. This requirement is made in regard to the non-reporting of a patient's pressure ulcer.	A patient had a grade two pressure sore, which had not been notified to RQIA. This requirement has not been addressed and has been stated for the second time.	Not compliant

3	24 (1)	The registered person shall ensure that the home's complaints procedure is reviewed and updated.	A review of the complaints procedure confirmed that it had not been updated. This requirement has not been addressed and has been stated for the second time.	Not compliant
4	20 (1) (c) (i)	The registered person shall ensure that staff as appropriate are trained in the following areas: • Wound Management (registered nurses) • Pressure area care and prevention (care assistants) • Nutrition and Dysphagia (registered nurses and care staff).	The training records were reviewed. Training had been provided on 24 November 2014, in wound management. There was no evidence that pressure area care and prevention was included in this training. Nutrition and dysphagia training had been scheduled to take place on 14 January 2015 however, the training had been cancelled. This requirement has not been fully addressed and the relevant section has been stated for the second time.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that the pressure relieving equipment in use on patient's beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.	One patient was identified as requiring pressure relieving equipment. A review of the care file evidenced that a care plan had not been developed for this patient despite the patient having been resident in the home since October 2014. A lack of care planning post admission is concerning. Care plans provide clear directions for staff as to how the patient's needs are to be met. This recommendation has not been addressed and has been stated for the second time. A requirement in relation to care planning has also been made.	Not compliant
2	5.3	It is recommended that a pain assessment is maintained in patient's care records. (If applicable).	There were two patients who were receiving pain relief, for whom pain assessments had not been completed. This recommendation has not been addressed and has been stated for the second time.	Not compliant
3	5.3	It is recommended that a body mapping chart is maintained in patients' care records.	Body mapping charts were present in the care records. This recommendation has been addressed.	Compliant

4	12.3	It is recommended that a choice for snacks be included on the menu planner for patients' on therapeutic diets.	This was not examined during this inspection and has been carried forward for review at the next inspection	Carried forward for future inspection
5	25.13	It is recommended that an annual quality review report is prepared. This report should provide a comprehensive overview of the quality of service provision and include evidence of the outcome of the quality assurance survey and the information pertaining to compliments and complaints, staff training, supervision and a number of other quality indicators as appropriate. Areas of good practice and areas of improvement should be identified, together with a corresponding action plan as appropriate. This report should be prominently displayed in	Mr Girvan confirmed that the annual report has not been completed. Despite this recommendation having been made twice previously it has not been addressed. A requirement has been made.	Not compliant

		the home and made available to patients and their representatives.		
6	30.4	The registered manager must ensure the nurse in charge competency assessments are completed on an annual basis. This template should also include wound care intervention.	The nurse in charge competencies could not be accessed during this inspection. This recommendation has been stated twice before and has been carried forward for examination at the next inspection.	Carried forward for future inspection

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

5.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT **Patients receive individual continence management and support**	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
A review of three patients care records confirmed that bladder and bowel continence assessments were undertaken and care plans were evaluated on a monthly basis or more often as deemed appropriate. There was no baseline identified in the assessments. The care plans identified privacy and dignity and were specific to the type of pad required for both day and night use. All care plans reviewed identified that patients were to be offered hand-washing facilities, after toileting. This is good practice and is commended. The care plans reviewed addressed the patients' assessed needs in regards to continence management. However, the care plan evaluations were not meaningful. A review of the progress notes identified that the Bristol Stool Chart was used for certain types of bowel movements only. It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients daily progress notes and evaluated in a meaningful way in the relevant care plan as appropriate. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Discussion with staff and observation evidenced that there were adequate stocks of continence products available.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
There was a policy on continence management /incontinence management and on catheter care. A recommendation has been made for the following guidance documents to be made available to staff: • RCN continence care guidelines; • NICE guidelines on the management of urinary incontinence; and • NICE guidelines on the management of faecal incontinence.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not examined	
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
The training records for catheterisation were not available on the day of inspection. All staff spoken with demonstrated knowledge in relation to aspects of continence care, specifically regarding protecting the privacy of patients, promoting dignity and choice, skin care and infection prevention and control. The nurse in charge confirmed that any additional support needed would be sought from the Trust.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially compliant**

6.0 Additional Areas Examined

6.1 Staffing

The staff duty roster for the home was reviewed and confirmed that both registered nurses and care staffing levels for day and night duty were inadequate to meet the needs of the patients accommodated.

A review of the duty rota and discussion with Mr Girvan during the inspection and discussion with both Mr Girvan and Mrs Doherty at a meeting at RQIA, following the inspection, confirmed that there was a staff member on the duty roster who had been included in the overall staffing numbers, despite being on work placement. This issue is discussed further in section 6.8 and has been identified as one of the actions to be addressed in a failure to comply notice.

6.2 Staff consultation

The inspectors spoke with four staff members during the inspection process and seven staff completed questionnaires and returned them to the inspectors. Examples of staff comments were as follows:

- “I enjoy my work very much (and) enjoy helping people, talking to them about older days, caring for all their needs.”
- “We get the opportunity to interact with the patients and their relatives.”
- “We also have time for activities with the patients which most of them enjoy.”
- “It is very nice here. All the patients are treated very well.”

6.3 Patients/Relatives’ Consultation

The inspectors spoke with six patients. All patients confirmed that they enjoyed living in the home and that they were well cared for. Examples of comments were as follows:

- “It’s very nice here.”
- “They are the very best.”
- “The food is very good here.”

6.4 Regulation 29 Visit Report

The reports of the regulation 29 visits were reviewed. There was no evidence that a visit had been conducted in January 2015 and a review of the previous reports confirmed that the content did not provide sufficient detail on the standard of nursing provided in the home. These issues were discussed with Mr Girvan and a requirement to address them has been made.

Following the inspection a copy of the RQIA template for recording the regulation 29 visits was forwarded to Mr Girvan.

6.5 Annual Quality Report

Mr Girvan confirmed during discussion that an annual review of the quality of care had not been completed. A recommendation in relation to the completion of an annual quality review had been stated for the second time during the inspection in May 2014. An annual quality review must be undertaken and a report of the findings produced. This report should provide a comprehensive overview of the quality of service provision and include evidence of the outcome of the quality assurance survey and the information pertaining to compliments and complaints, staff training, supervision and a number of other quality indicators as appropriate. Areas of good practice and areas of improvement should be identified, together with a corresponding action plan as appropriate.

This was discussed with Mr Girvan and a requirement has been made.

6.6 Patient Register

The patient register was reviewed and identified that there were two patients whose details had not been entered. During discussion with Mr Girvan and Ms Donaghy it was identified that the system to record the information in the patient register was unclear thus leading to confusion regarding who was currently residing in the nursing home. This was discussed with Mr Givan and Ms Donaghy and a requirement to address it has been made.

6.7 Care Records

A review of the records and discussion with staff identified that one of the patients required pressure relieving equipment. There was no evidence in the patient's care records to identify that pressure relieving equipment was required for pressure area care. This was disappointing to note as a recommendation in relation to this had been made during the previous inspection. The recommendation has now been stated for the second time.

On further review of this patient's care records it was identified that a care plan to guide and direct staff as to how the patient's needs in respect of his health and welfare are to be met had not been developed. The patient had been resident in the nursing home since October 2014. The importance of ensuring a nursing care plan is developed in a timely manner and reviewed on a regular basis was discussed with Ms Donaghy. A requirement to ensure care plans are written as soon as possible following admission in consultation with the patient or patient's representative has been made.

A review of the care records did not identify that best practice was being followed in terms of recording bowel function. It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress notes and evaluated in the relevant care plan as appropriate.

6.8 Recruitment of staff

During the inspection in August 2013 issues were identified in relation to the recruitment of staff and a requirement to address the issues was made. During the inspection in January 2014, the inspector was unable to review staff personnel records to validate the recruitment process as the manager of the home was on leave and the records could not be accessed. The

requirement was carried forward for review at the next inspection. During the in May 2014, issues in relation to the recruitment of staff were again identified and the requirement was stated for the second time.

Despite requirements in relation to recruitment of staff having been made in August 2013 and May 2014 during the inspection on 18 February 2015, the following issues in relation to the recruitment and selection of staff were identified:

- recruitment records were not available for inspection;
- a member of staff did not have an Access NI enhanced disclosure;
- a staff register was not available for inspection, making it difficult to determine dates of commencement of employment;
- Access NI enhanced disclosure records were being retained in the registered provider's home;
- there was no evidence of the decision making process around the employment of an identified staff member; and
- the background to one person's employment was unclear. Inspectors were informed by three different people that the identified staff member was a student from the local college, a student nurse or an agency employee.

RQIA are concerned that patients are being put at unnecessary risk as a result of a lack of robustness in the process for the recruitment and selection of staff. Despite having raised these matters during previous inspections, the registered person had not made the improvements necessary to ensure full compliance with the required regulations.

The inspectors discussed the concerns in relation to recruitment of staff, including AccessNI enhanced disclosure checks with Mr Girvan and Ms Donaghy during feedback and advised that the safeguards to protect and minimise risk to patients, during recruitment were compromised.

At the request of the inspectors Mr Girvan and Ms Donaghy confirmed that the identified staff member without an AccessNI enhanced disclosure check would not return to work until such times as a satisfactory check had been received.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern. Subsequent to this a decision was taken to hold an intention to issue a notice of failure comply meeting in respect of Regulation 21, Fitness of Workers, of The Nursing Homes Regulations (Northern Ireland) 2005. Mr Girvan, registered person, was invited to attend a meeting at RQIA on 24 February 2015.

The outcome of the meeting resulted in enforcement action being taken by RQIA. RQIA issued a Notice of Failure to Comply in respect of Regulation 21 on 25 February 2015 to the registered person. A follow up inspection will be undertaken on expiry of the notice to ensure that the actions required have been addressed in full.

6.9 Records

As outlined in section 6.8 issues in relation to recruitment of staff have been identified at Karina Lodge during inspections in August 2013 and in May 2014 and staff personnel records could not be reviewed during the inspection in January 2014. During the unannounced inspection on 18 February 2015, the inspectors were again unable to review staff personnel records to validate

the recruitment processes as the manager of the home was on leave and the records could not be accessed.

Recruitment records and a staff register were not available for inspection, making it difficult to determine the dates of commencement of employment. The Access NI enhanced disclosure records were being retained in the registered provider's home. As a result of a lack of access to the relevant records compliance, with recruitment processes cannot be validated.

Concerns in relation to records management were discussed at length with Mr Girvan during feedback.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a notice of failure comply meeting in respect of Regulation 19, Records, of The Nursing Homes Regulations (Northern Ireland) 2005. Mr Girvan, registered person, was invited to attend a meeting at RQIA on 24 February 2015.

At the meeting on 24 February 2015 Mr Girvan and Mrs Doherty, registered manager, were unable to provide adequate assurances in relation to the system currently in place around records management at Karina Lodge.

The outcome of the meeting resulted in enforcement action being taken by RQIA. RQIA issued a Notice of Failure to Comply in respect of Regulation 19 on 25 February 2015 to the registered person. A follow up inspection will be undertaken on expiry of the notice to ensure that the actions required have been addressed in full.

6.10 Accidents/Incidents

The accident reports were reviewed and found to be accurately maintained. The records pertaining to regulation 30, statutory notifications were not available. As discussed previously a patient had been identified as having a pressure ulcer which had not been reported to RQIA. This was concerning as a requirement in relation to notifying RQIA when a patient had a pressure ulcer had been made previously and has now been stated for the second time.

It was also identified that two patients in the home had been diagnosed with the same infection following discharge from hospital. The infections were such that visitors to the home should have been restricted. It was confirmed during discussion with Ms Donaghy that advice and guidance in relation to the infections had been sought from the Public Health Agency and it was identified that staff were managing the patient needs appropriately. However, these infections are notifiable events and RQIA had not been notified.

As a result of these issues a further requirement to ensure that RQIA are notified of the outbreak of any infectious diseases has been made.

6.11 Complaints

As discussed previously a requirement to review and update the complaints procedure had been made during the previous inspection. A review of the complaints procedure confirmed that it had not been reviewed and updated. The requirement has been stated for the second time.

The complaints records were not available. The management of complaints was discussed with Ms Donaghy who confirmed that verbal complaints were not always recorded.

This was discussed with Mr Girvan and Ms Donaghy during feedback. A recommendation to review the current system for the management of complaints to ensure that all complaints including expressions of dissatisfaction either written or verbal are recorded has been made. The records should also include the actions taken to address the issues identified and the complainant's level of satisfaction with the action taken.

6.12 Policies and Procedures

Policies and procedures were reviewed and it was identified that they did not reflect the date of issue and the date of review. A recommendation has been made to ensure that policies and procedures are centrally indexed, are version and date controlled and are subject to a systematic three yearly review.

6.13 Environment

A tour of the premises was undertaken. The home presented as comfortable and all areas were maintained to a high standard of hygiene. The dining room was in the process of being redecorated and as a result the meals were being served in the lounge.

Door wedges were observed in a number of rooms. However, door wedges were not observed being used. The use of door wedges was discussed with Ms Donaghy who confirmed that the only time the wedge is used is when a patient is being assisted by one member of staff to enter or leave a room.

There was one shower area identified where the flooring was not sealed and could not be cleaned effectively. There was a bath in an identified bathroom that was in need of repair/replacement. Mr Girvan confirmed that this bathroom was currently out of commission. A requirement has been made to ensure the bath is repaired or replaced and this room is brought back into commission and to address the issue with the identified flooring.

Incontinence products were being stored in the corridor, out of their packaging. Incontinence products should be kept covered until point of use to prevent the risk of spread of infection. This was discussed with Ms Donaghy and a recommendation has been made.

There were a number of areas where cleaning products were not being stored appropriately and the treatment room was observed to be unlocked between 10.00 and 14.00. The importance of ensuring the unnecessary risks to the health and safety of patients are identified and eliminated was discussed with Ms Donaghy. A requirement to address both of these issues has been made.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Tom Girvan and Ms Bernadette Donaghy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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

__________________________ __________________________

Aveen Donnelly **Date**
Inspector/Quality Reviewer

__________________________ __________________________

Lynn Long **Date**
Senior Inspector/Quality Reviewer

Quality Improvement Plan

Unannounced Secondary Care Inspection

Karina Lodge

18 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered provider either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30 (1) (d)	The registered person, shall inform RQIA of any event in the nursing home which adversely affects the wellbeing or safety of any patient. This requirement is made in regard to the non-reporting of a patient's pressure ulcer. **Ref 4.0 & 6.10**	Two	This requirement was overlooked However all necessary interventions were carried out. Tissue viability nurse was involved and dressings done as advised and ulcer evaluated everyday Pressure mattresses in situ and reporting record maintained. The ulcer is now completely healed.	18 April 2015
2	24 (1)	The registered person shall ensure that the home's complaint's procedure is reviewed and updated. **Ref 4.0 & 6.11**	Two	Complaints procedure was updated in 2014. it has since been amended. Complaints book in action. Copy of complaints procedure now displayed in foyer for relatives.	18 April 2015
3	20 (1) (c) (i)	The registered person shall ensure that staff as appropriate are trained in the following areas: • Pressure area care and prevention (care assistants) • Nutrition and Dysphagia (registered nurses and care staff). **Ref 4.0**	Two	Pressure area care and prevention training for care assistants has been done and hand outs given to relevant employees. Nutrition and dysphayia training was cancelled twice by department, It is now booked for 22/4/15	18 April 2015
4	17 (1)(2)(3)	The registered person must ensure effective systems are implemented for reviewing at least annually the quality of nursing and other services provided by the home.	One	This has been completed. Copy to be forwarded as requested.	18 June 2015

		A copy of the report must be submitted to RQIA, when completed. **Ref 4.0 & 6.5**		A copy to be forwarded as requested	
5	29	The registered person must ensure that a visit to the home as outlined in Regulation 29 is undertaken at least once a month. A written report of the visit must be completed and retained for inspection. The report should reflect all aspects of quality monitoring in sufficient detail as to the standard of care being provided including the actions to be taken when deficits have been identified. **Ref 6.4**	One	Monthly visits are done and appropriate records maintained These written reports are now available in Karina Lodge	18 April 2015
6	19 Schedule 3	The registered person must review the current system for recording information in the patient register and ensure all staff are aware of the system in use. The patient register must be kept up to date at all times. **Ref 6.6**	One	The staff have been informed about the system for recording information in the patient register. The register has been updated so they are fully up to date	From the date of the inspection
7	16 (1)	The registered person must ensure that a written nursing plan is prepared, as soon as possible following admission, in consultation with the patient or patient's representative as to how the patient's needs are to be met. **Ref 6.7**	One	Registered nurses have been informed that following a patients admission a nursing plan must be completed to ensure that the patients needs are met.	18 April 2015

8	30 (1) (b)	The registered person must ensure that RQIA are notified of the outbreak of any infectious disease. **Ref 6.10**	One	This was not deemed an outbreak according to public health persons The infection was hospital acquired and the infection is now under control due to our managment of it	18 April 2015
9	27 (2) (c)	The registered person must address the following: • ensure that the bath in the identified bathroom is repaired or replaced and brought back into commission; and • ensure that the flooring in the identified shower room which was not sealed and could not be effectively cleaned is repaired or replaced. **Ref 6.13**	One	Plans are now in motion to upgrade this to a shower room. This is now dealth with	18 April 2015
10	14 (2) (c)	The registered person must ensure that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated. The treatment room must be kept locked, when not in use. Cleaning materials must be appropriately stored in keeping with COSHH regulations. **Ref 6.13**	One	Registered nurses are reminded to keep the treatment room door closed at all times. Cleaning and nursing staff were reminded to store cleaning materials appropriately.	From the date of the inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	It is recommended that the pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention. **Ref 4.0 & 6.7**	Two	A regular survey is carried out re patients equipment and recorded in a file. It will not be transfered to each patients care plan.	18 April 2015
2	5.3	It is recommended that a pain assessment is maintained in patients' care records. (If applicable). **Ref 4.0**	Two	The abby plan scale is being introduced in the care plans and will be reviewed monthly in the assessments.	18 April 2015
3	12.3	**Carried forward for future inspection** It is recommended that a choice for snacks be included on the menu planner for patients on therapeutic diets. **Ref 4.0**	One	The cook is updating the menu planner and is now including a choice of snacks for patients on theraputic diets.	18 April 2015
4	30.4	**Carried forward for future inspection** The registered manager must ensure the nurse in charge competency assessments are completed on an annual basis. This template should also include wound care intervention. **Ref 4.0**	Two	Nurse in charge competency assessments are being implemented and to be reviewed annually.	18 April 2015

5	19.2	The following guidelines should be made available to staff and used on a daily basis: • RCN continence care guidelines; • NICE guidelines on the management of urinary incontinence; and • NICE guidelines on the management of faecal incontinence. **Ref 5.0**		The named guidelines are now available and readily accessible to all staff. Staff have been asked to be familiar with all these guidelines	18 April 2015
6	5.6	The registered manager should ensure that bowel function, reflective of the Bristol Stool Chart, should be recorded on admission as a baseline measurement and thereafter in the patients' daily progress records. **Ref 5.0 & 6.7**	One	All patients have Bristol Stool Charts in there daily notes. Staff have been advised of correct recording of size and type	18 April 2015
7	17	Review the current system for the management of complaints to ensure that all complaints including expressions of dissatisfaction either written or verbal are recorded. The records should also include the actions taken to address the issues identified and the complainant's level of satisfaction with the action taken. **Ref 6.11**	One	Complaints are dealth with appropriately and recorded in the complaints book. Action is taken and the level of satisfaction achieved recorded.	18 April 2015

8	26.4, 26.5 & 26.6	Ensure that policies and procedures are centrally indexed, are version and date controlled and are subject to a systematic three yearly review. **Ref 6.12**	One	Our patients and procedures are continually reviewed and updated every three years. Lasted updated 2014	18 April 2015
9	34	Review the practice of storing incontinence products in the corridor and keep incontinence products covered until point of use to prevent the risk of spread of infection. **Ref 6.13**	One	All staff have been advised to keep the incontinence pads in their cover until ready for use.	From the date of the inspection

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED:		**SIGNED:**	Una Doherty
NAME:	T. Girvan **Registered Provider**	**NAME:**	UNA DOHERTY (MARY) **Registered Manager**
DATE	15-04-15.	**DATE**	15-04-15.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Aveen Donnelly	21/04/2015
Further information requested from provider			