



Unannounced Care Inspection Report 17 July 2018



Broadways Private Nursing Home

Type of Service: Nursing Home
Address: Broadway, Main Street, Larne, BT40 1LT
Tel no: 0282827 3464
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 33 persons.

3.0 Service details

Organisation/Registered Provider: Broadways Private Nursing Home Responsible Individual: Mrs Barbara Sloan	Registered Manager: Mrs. Jacqueline Davey
Person in charge at the time of inspection: Michelle McIlwaine, deputy manager.	Date manager registered: 7 March 2012
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 33 comprising: NH-PH, NH-I A maximum of 2 patients in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 08.55 to 17.45 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement which had been identified during and since the care inspection which was conducted on 4 September 2017 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 adult safeguarding, notification of incidents, engagement with the multiprofessional team and communication with patients.

Six areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) standards, Control of Substances Hazardous to Health (COSHH) compliance, the secure storage of medicines, fire safety practices, care delivery to patients requiring repositioning and access to selection and recruitment records.

Ten areas for improvement under the standards were highlighted in regards to use of the nurse call system, internal environment, staff management, care records, governance processes focusing on quality assurance and service delivery, complaints management and monthly monitoring reports.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	*10

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

Details of the Quality Improvement Plan (QIP) were discussed with Michelle McIlwaine, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 18 April 2018

The most recent inspection of the home was an announced premises inspection undertaken on 18 April 2018. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection 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 six patients, five patients' relatives and four staff. 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. The inspector provided the deputy manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. 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:

- 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 2018/19
- accident and incident records
- minutes of staff and relatives' meetings
- six patients' care records
- a selection of governance audits
- complaints records
- maintenance records
- adult safeguarding records
- notifiable incidents to RQIA
- personal emergency evacuation records
- 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

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

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 April 2018

The most recent inspection of the home was an announced premises inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 4 September 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 persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Not met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices highlighted that while cleaning chemicals were stored securely when not in use they were left unattended on a domestic trolley by staff on occasion. The need to ensure that all such chemicals are closely supervised at all times when in use by staff within patient areas was stressed. Consequently this area for improvement has not been met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 12 (2) (a) (b) Stated: First time	The registered persons must ensure that the delivery of care effectively meets the holistic needs of patients as identified within current care plans or following any identified deterioration in patients' well-being. Specifically: <ul style="list-style-type: none"> • those patients requiring the use of pressure relieving equipment • those patients at risk of malnutrition 	Partially met
	Action taken as confirmed during the inspection: Review of care records and discussion with nursing staff confirmed that nutritional care delivery to one patient was person centred and in keeping with comprehensive and detailed nutritional care plans. However, review of the care record for another patient who required assistance with repositioning highlighted several deficits which are discussed further in section 6.5.	

	This area for improvement has been partially met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered persons 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: Observation of the environment and staff practices confirmed that the IPC deficits identified in the previous care inspection were satisfactorily addressed. However, further IPC shortfalls were highlighted and are discussed in section 6.4.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall ensure that all patients have effective access to the nurse call system as required.	Not met
	Action taken as confirmed during the inspection: Observation of the environment highlighted that patients did not have affective access to the nurse call system in the designated smoking area and one communal lounge. The need to ensure that patients have access to this system in all communal areas in order to promote their safety was emphasised. Consequently this area for improvement has not been met and is stated for a second time	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person must ensure that patient care plans comprehensively and accurately reflect all required nursing interventions, including: <ul style="list-style-type: none"> • the use of oxygen therapy Contemporaneous nursing records should also reflect the care being delivered in these identified areas. Appropriate signage relating to the use of oxygen therapy should also be in place throughout the home at all times.	Met

	<p>Action taken as confirmed during the inspection: Review of the care record for one patient receiving oxygen therapy and observation of their bedroom environment confirmed that care plans comprehensively and accurately reflected all required nursing interventions and that appropriate signage was in place.</p>	
<p>Area for improvement 4 Ref: Standard 12 Stated: First time</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the lunch time meal confirmed that staff practices and routines within the home promoted and safeguarded the principles of patient dignity and respect. Feedback from patients and relatives further confirmed these findings.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Standard 35 Stated: First time</p>	<p>The registered persons shall ensure that robust governance processes are maintained in relation to the quality assurance of care delivery and the management of staff, specifically:</p> <ul style="list-style-type: none"> • regular auditing of NMC registration of staff • monthly auditing of accidents/incidents within the home • ensuring detailed minutes of all meetings including a record of staff signatures of attendance <hr/> <p>Action taken as confirmed during the inspection: Review of governance records and discussion with the deputy manager confirmed that this area for improvement was met in full.</p>	<p>Met</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 deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review by the registered manager to ensure that the assessed needs of patients were met. Discussion with the deputy manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the deputy manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal. However, although records were in place which evidenced that staff appraisals throughout 2018 was monitored by the registered manager, there was no such planner evident for the supervision of staff. An area for improvement under the standards was made.

Discussion with the deputy 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. Care records relating to falls are discussed further in section 6.5.

Discussion with the deputy manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The deputy manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

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 deputy 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) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

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. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. One bedroom which was not currently in use by any patients was found to be cluttered with several mobility aids, items of furniture, an electric powered scooter and a dismantled bed. The deputy manager stated that the room was being used as a temporary storage area due to ongoing remedial works within the home. The need to ensure that rooms are only used for their stated purpose was highlighted and an area for improvement under the standards was made.

Observations highlighted that maintenance contractors were in the process of removing flooring along one section of a corridor. The laminate flooring was then left unattended for a period of time and created a partial obstruction along the corridor and by one emergency exit. It was also noted that the doorway to the water heater room on the top floor had been inappropriately wedged open and then left unattended. In addition, fire evacuation information for staff which was on display on a noticeboard was only partially visible due to subsequent notices being erected on the same noticeboard. These shortfalls were immediately highlighted to the deputy manager and the need to ensure that fire safety practices/training is adhered to and consistently embedded into practice was stressed. The need for all visiting contractors to adhere to fire safety practices was also emphasised. An area for improvement under regulation was made. These findings were shared with the RQIA estates team following the inspection.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with patients' relatives/representatives, as appropriate. Comprehensive and person centred care plans were in place for the management of restrictive practices.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: flooring within the laundry was noted to be poorly cleaned including behind several items of laundry equipment; the underside of four wall mounted hand sanitisers were stained; flooring within one linen store was poorly cleaned; one bucket used by domestic staff was observed to have been left within the laundry area without having been effectively emptied/cleaned. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made. The management of domestic staff/routines is discussed further in section 6.7.

Observation of the environment and staff practices highlighted that while cleaning chemicals were stored securely when not in use they were left unattended on a domestic trolley by staff on occasion. The need to ensure that all such chemicals are closely supervised at all times when in use by staff within patient areas was stressed. This was discussed with the deputy 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. An area for improvement under regulation was stated for a second time.

Observation of the environment further identified two areas in which medicines had not been stored securely. This was highlighted to the deputy manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

It was also noted that effective access for patients to the nurse call system was inadequate within two communal areas. An area for improvement under the standards was stated for a second time.

Discussion with the deputy manager and review of the environment confirmed that several new en suites had been installed within the home. It was noted that copper piping within these en suites was currently exposed. While existing governance records did include a risk assessment of various hot surfaces within the home which could be a hazard to patients, copper piping within these en suites was not included. This was discussed with the deputy manager who stated that the piping was going to be appropriately covered. This will be reviewed during a future care inspection. The need to ensure that all such risks are assessed and managed in a timely manner was stressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the notification of incidents.

Areas for improvement

Three areas for improvement under regulation were identified in relation to infection, prevention and control practices; COSHH compliance; the safe storage of medicines and fire safety practices.

Two areas under the standards were identified in relation to the internal environment and staff management.

	Regulations	Standards
Total number of areas for improvement	4	2

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 deputy 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.

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). Regular communication with representatives within the daily care records was also found. While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping, review of care records for one patient highlighted that nursing staff had signed entries which were dated in the future. This was discussed with the deputy manager who stated that some nurses recorded in this manner to signify the date on which care records should be reviewed by staff. The deputy manager also stated that not all nursing staff followed this practice within the home. The need to ensure that all nursing entries are completed contemporaneously and in keeping with best practice standards was stressed. An area for improvement under the standards was made.

Shortfalls were identified in relation to provision of repositioning care to patients. Review of care records for one patient who required such assistance highlighted that the corresponding care plan did not include any clear guidance as to the frequency with which the patient should be repositioned by staff. Information within the care records as to the repositioning needs of the patient were also inconsistent and contradictory. Supplementary repositioning charts evidenced that they were not maintained in accordance with best practice guidance, care standards and legislative requirements and highlighted that staff repositioned the patient with irregular frequency. Discussion with staff on duty confirmed that the patient had not pressure area concerns on the day of the inspection. An area for improvement under regulation was stated for second time.

Review of the care records for one patient who was assessed as being at a high risk of falls evidenced that a comprehensive and person centred risk assessment was in place. However, review of this risk assessment by nursing staff was overdue and there was also no subsequent care plan in place to manage the risk. An area for improvement under the standards was made.

Furthermore, it was found that the care record for one patient who was currently receiving antibiotic therapy for a urinary tract infection lacked an appropriate care plan to manage the patient’s assessed needs. The need to ensure that appropriate care planning is in place for the management of all Healthcare Acquired Infections (HCAI) was highlighted and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication with the multi-professional team.

Areas for improvement

Three areas for improvement under the standards were identified in regards to care records and the repositioning of patients.

	Regulations	Standards
Total number of areas for improvement	0	3

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 and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the deputy manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

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

- "I'm very happy here."
- "The food is very good."
- "I like it."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "No concerns ... staff couldn't be nicer."
- "Absolutely delighted with the care ... receives here."
- "Big improvement in ... wellbeing since coming here."

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

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

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

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area 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 and staff engaged enthusiastically and warmly with patients throughout their meal. It was noted that after patients had initially been served something to drink before their meal, the dining area was left unattended by staff for a period of time. During this time a patient was observed having a prolonged period of coughing after having taken a drink. This was highlighted to the deputy manager and the need to ensure that the dining area is appropriately supervised after food/fluids are served was stressed.

It was observed during the morning of the inspection that one patient was having her hair dried by a staff member in a corridor rather than in her bedroom. This was discussed with the deputy manager and the need to ensure that such care delivery is provided in a manner that promotes patient dignity at all times was emphasised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and staff awareness of the nutritional needs of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the deputy 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. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

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

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. However, review of the monthly complaints analysis for May 2018 highlighted that it was inaccurate with regards to the number of complaints actually received. An area for improvement under the standards was made.

Discussion with the deputy 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. However, review of the May 2018 report highlighted that it was inaccurate with regards to the number of statutory notifications made to RQIA. It was also found that the June 2018 report was unavailable for inspection. An area for improvement under the standards was made.

Staff recruitment information which is required in compliance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 were not available for inspection. The need to ensure that such records are available at all times for inspection by RQIA was highlighted. An area for improvement under regulation was made.

Discussion with the deputy manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

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 monitoring patients' weights, care records, wound care and the use of pressure relieving mattresses. However, review of one care records audit highlighted that the action plan did not accurately reflect the findings of the audit. It was also noted that the signature of the auditor in audits relating to patients' weights and the use of pressure relieving mattresses was missing. These deficits were highlighted to the deputy manager and an area for improvement under the standards was made.

Discussion with the Housekeeper and review of cleaning schedules/domestic staff rotas within the home highlighted several deficits, namely:

- the current cleaning schedule used by domestic staff did not include cleaning wall mounted sanitisers within corridors
- there was no system in place to ensure that all patients' bedrooms receive a deep clean
- there was no audit process in place to regularly quality assess the delivery of housekeeping services within the home
- there were no written records in place which evidenced that the laundry area was regularly cleaned, including periodic deep cleaning,
- the current housekeeping staff rota was found to be inaccurate and not reflective of domestic staff currently rostered within the home

These shortfalls were highlighted to the deputy manager and an area for improvement under the standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff meetings and the management of notifiable incidents to RQIA.

Areas for improvement

One area for improvement under regulation was made in regards to selection and recruitment records.

Four areas for improvement under the standards were identified in regards to housekeeping management, the use of audits, the management of complaints and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle McIlwaine, deputy 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 persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All cleaning staff have been reminded that the cleaning trolley must never be left unattended. Proper storage of cleaning chemicals is being monitored by Manager. COSHH update training has been scheduled.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that the delivery of care effectively meets the holistic needs of patients as identified within current care plans or following any identified deterioration in patients' well-being. Specifically, those patients requiring the use of pressure relieving equipment.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All repositioning records have been updated stating frequency of repositioning and are matched daily, or as necessary, with recording sheets. All staff have been supervised regarding same.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All creams prescribed to Residents must be administered as prescribed and returned immediately to secure location.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2018</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: 6.4</p> <p>Response by registered person detailing the actions taken: Schedules have been put in place to record the daily, weekly and monthly cleaning/deep cleaning of the laundry room. The cleaning of hand sanitisers and linen store have been added to the daily cleaning schedule. At time of inspection mop heads were being disinfected in a bucket in a room attached to the laundry. It would have been left for a period of time to allow for effective disinfection and then dealt with appropriately.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b) (c) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: On the day of inspection, the wooden flooring on the 2nd floor corridor was being uplifted for replacement. As soon as practically possible, the wood was removed by the Contractors carrying out the work. The Contractors have many years experience of working in Care establishments and would have made every effort to minimise any risk posed to both Residents and Staff. These Contractors have taken part in a number of fire drills carried out in the Home. The typed fire action notice which was partially obscured on a notice board has been repositioned. A mandatory fire action notice was clearly displayed on the wall opposite this notice board and throughout the Home as required.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (2) (3)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all records as outlined in Schedule 4 of The Nursing Homes Regulations (Northern Ireland) 2005 are at all times available for inspection in the home by any person authorised by RQIA to enter and inspect the nursing home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Confidential staff recruitment information is stored securely in the administration office and can be accessed only by those persons authorised to do so. Due to the unforeseen emergency absence of the Responsible Person and Manager's annual leave, this could not be accessed on the day of the inspection. An attempt was made by the Responsible person on the 19.07.18 to speak to the Inspector and offer to send any information not accessible on the day of inspection. However, the Inspector could not be reached.</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 43 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that all patients have effective access to the nurse call system as required. Ref: 6.4
	Response by registered person detailing the actions taken: When this requirement was stated for the first time, all Resident's had been assessed on their ability to use call bell leads. However, call bell leads have now been placed in all areas where the nurse call system is in place.
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all bedrooms within the home are safe, well maintained and remain suitable for their stated purpose. This also includes patient bedrooms not being used inappropriately as storage areas. Ref: 6.4
	Response by registered person detailing the actions taken: One bedroom, which was awaiting the fitting of a new suspended ceiling, was deemed as not fit for occupation by Residents until this work had been carried out. Due to the ongoing remedial works being carried out in the Home and the need to provide appropriate safe storage for the associated materials, this room was being used as a temporary storage area for items of equipment awaiting collection by the Northern HSC Trust. This bedroom was not declared as available for occupation to the Trust's Central Bed Procurement Unit. Any temporary change to the prescribed purpose of any area of the Home will, in future, be only with the agreement of the RQIA.
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: 14 August 2018	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily. Ref: 6.4
	Response by registered person detailing the actions taken: Records are maintained which demonstrate that staff receive formal supervision sessions at least monthly. These records were available for inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all nursing entries are completed contemporaneously and in keeping with best practice standards.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded by way of a nurses learning memo of the need for consistency in record keeping.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the management of patients who are assessed as being at a risk of falling:</p> <ul style="list-style-type: none"> • all relevant risk assessments shall be up to date and reviewed on a regular basis • a comprehensive and person centred care plan shall be in place which is reflective of relevant risk assessment(s) and clearly outlines the nursing care required to prevent and manage falls <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person has included a checking procedure to ensure that, should the primary nurse be absent at time of reviews or changes to risk assessments, that it is carried out by the nurse in charge at that time. A nurses learning memo has been issued addressing this.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the management of patients who are being treated for any Healthcare Acquired Infection:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan shall be in place which clearly outlines the necessary nursing care required based upon the patient's assessed needs. The care plan shall also be kept under regular review in order to accurately reflect any changes to the patient's assessed care needs/condition. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Nursing staff have been issued with a nursing memo stating that a care plan must be written and placed in the Resident's kardex as soon as the problem is identified as this one Resident's healthcare acquired infection was reflected in the nursing daily handovers and kardex but no care plan was generated.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2018</p>	<p>The registered person shall ensure the following with regards to the management and quality assurance of all housekeeping services within the home:</p> <ul style="list-style-type: none"> • the current cleaning schedule used by domestic staff should include the cleaning of wall mounted sanitisers within corridors • there should be a system in place to ensure that all patients' bedrooms receive a deep clean, as necessary • there should be an audit process in place to regularly quality assess the delivery of housekeeping services within the home • there should be a system in place which ensures that the laundry area is regularly cleaned, including periodic deep cleaning, as necessary • the current housekeeping staff rota should be maintained in an accurate manner at all times <p>Ref: 6.7</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2018</p>	<p>Response by registered person detailing the actions taken:</p> <p>The cleaning of hand sanitisers has been added to the daily cleaning schedule.</p> <p>The need for a new, more robust, cleaning schedule had been identified. This was devised and discussed with cleaning staff at the documented meeting held on 14.06.18. This was not implemented until the commencement of the recently appointed two full time cleaners for whom the Manager was awaiting Access NI check confirmation. The new schedules include a deep cleaning schedule and a quality auditing system.</p> <p>On the day of inspection, the Cleaner in charge provided an outdated copy of the cleaning staff's four week rolling rota. She should have, in fact, provided copies of the most recent actual duty rotas. She is aware of her error.</p> <p>Schedules have been put in place to record the daily, weekly and monthly cleaning of the laundry room and linen store. On examination of the laundry room on 18.07.18, it was found that the vent pipes of two tumble dryers had become dislodged. This is now being regularly monitored.</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:</p> <ul style="list-style-type: none"> • all audits should clearly reference the full date of the audit and the name of the auditor • all action plans should accurately reflect any identified deficits and include time bound actions <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: All staff carrying out audits have been reminded to check that they include the year of the audit not only the month. Although the identified defect in question on the day of inspection had indeed been addressed, it had not been signed by the auditor. This has now been rectified.</p>
<p>Area for improvement 9 Ref: Standard 16 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly complaints analysis is maintained in an accurate manner at all times in order to assist in the effective dissemination of any learning derived from such analysis. Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The difference in the recording of complaints in the Manager's and Registered Person's audits for May was down to human error. This error, however, did not affect the conveyance of any attributable learning</p>
<p>Area for improvement 10 Ref: Standard 35 Stated: First time To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the monthly monitoring report is completed in a thorough, robust and accurate manner at all times. Such reports should be completed in a timely manner and available for inspection, as necessary. Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The monthly Regulation 29 report for May 2018 recorded no accident/incident/untoward events notifiable. There were three statutory notification of deaths sent in May, however, these are not recorded in this report. Notification of deaths are kept in a separate folder which is always available and can be added to the Regulation 29 report if required. The Regulation 29 report for June had been removed from the file by the Responsible Person, together with several of the Manager's June audits, and was being held in the administration office on the day of the inspection. These had been removed in order to implement the action plan arising from this report following the return from annual leave of the Responsible Person. On the day of the inspection the Manager was on annual leave and the Responsible Person was absent for emergency reasons meaning that the administration office was not accessible. The Responsible Person attempted to contact the Inspector by telephone, without success, on 19.07.18 to discuss the forwarding via email of these documents, together with any other information not accessible at time of inspection so that this could be reflected in the inspection report. No response to the message left was received until 10.08.18 which was, in fact, the same date that the draft inspection report became available.</p>

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