



# Unannounced Care Inspection Report 5 and 8 August 2019



## Marina Care Home

**Type of Service: Nursing Home**  
**Address: Shore Road, Ballyronan BT45 6JA**  
**Tel no: 02879418770**  
**Inspector: Jane Laird and Joseph McRandle**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 33 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Burnview Healthcare Ltd  <b>Responsible Individual:</b> Briege Agnes Kelly	<b>Registered Manager and date registered:</b> Una McTaggart 11 November 2016
<b>Person in charge at the time of inspection:</b> Una McTaggart	<b>Number of registered places:</b> 33  There shall be a maximum of 3 named residents receiving residential care.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 29

### 4.0 Inspection summary

An unannounced inspection took place on 5 August 2019 from 10:00 hours to 18:30 hours and 8 August 2019 from 10:45 hours to 13:30 hours.

The term 'patient' is used to describe those living in Marina Care Home which provides both nursing and residential care.

The inspection was carried out by the care and finance inspectors to assess progress with all areas for improvement identified in the home since the last care and finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients. Further areas of good practice were found in relation to maintaining good working relationships, the management of patients' monies and valuables and general financial arrangements.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), risk management, the environment, wound care, record keeping, the appropriate display of an activity schedule and quality governance audits. An area for improvement that was identified at the previous care inspection in relation to recruitment has not been met and has been stated for a second time.

There were no areas for improvement identified as part of the finance inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*6	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Ms Una McTaggart, Registered 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 26 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined during the inspection:

- duty rota for all staff from 29 July 2019 to 11 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff supervision/appraisal matrix
- a sample of registered nurse competency and capability assessments
- complaints record
- compliments received
- a sample of reports of monthly monitoring reports for June 2019 and July 2019
- RQIA registration certificate
- two patients' finance files including copies of written agreements
- a sample of various financial records including, patients' personal allowance, patients' valuables, fees, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of reconciliations of patients monies and valuables
- a sample of statements from the patients' bank account
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund
- a sample of records of patients' personal property
- financial policies and procedures

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed two employee recruitment files and was unable to evidence if they had been recruited in accordance with best practice and legislation as there were several documents missing from the files.  <b>This area for improvement has not been met and has been stated for a second time.</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 38.3 <b>Stated:</b> Second time	The registered person shall ensure that before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On review of two recruitment files it was evident that a pre-employment health assessment had been obtained prior to commencing employment.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that any changes or alterations to a patients care plans are made in such a way that the original entry can still be read.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed three patients care records which evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure that nutritional screening is repeated monthly, or more frequently depending on the individual assessed need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed three patient care records which confirmed that nutritional screening had been repeated on a monthly basis, or more frequently depending on the individual assessed need.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival to the home we were greeted by the manager and staff who were friendly and welcoming. Patients were mainly seated in one of the lounges following breakfast whilst others remained in bed as per their personal choice. Medication was being administered by the registered nurses and catering staff were tidying up the breakfast trays.

Staffing rotas for weeks commencing 29 July 2019 and 5 August 2019 were reviewed which evidenced that the planned staffing levels were adhered to on most occasions. However, there was evidence of short notice absence over the two week period and on the day of inspection. Staff spoken with stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home.



Patients indicated that they were well looked after by the staff and felt safe and happy living in Marina Care Home. One patient said, “Staff are very good here,” and “Feel safe.” We also sought the opinion of patients on staffing via questionnaires. Three questionnaires were received from patients who were very satisfied with the service provision across all four domains.

Comments included:

- “Girls are very nice and helpful.”
- “Girls are high spirited and professional, I wouldn’t be without them.”
- “Very good to me, I wouldn’t change anything.”

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a caring manner and as promptly as possible, however, it was observed that patients continued to be assisted with personal care at 11.30 hours. The manager confirmed that they were unable to obtain relevant cover for the short notice absence but further stated that the dependency needs of the patients can vary on a daily basis and that staffing levels was always under review.

Staff said that they felt supported by the manager. Comments included:

- “I love it here.”
- “Great team but we need five care assistants all day.”
- “The manager is very supportive.” We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC), however, the only available records for NISCC were for 2018 and the manager was unable to access the 2019 records as they were located within the administrator’s computer. We further identified that an employees surname was spelt differently on the duty rota than what was being checked monthly against their registration status. The manager updated the employees surname on the duty rota and acknowledged that a more robust management oversight was required. This is discussed further in 6.6.

On review of two staff recruitment records it was identified that a number of documents were missing from the files and there was no evidence that a satisfactory Access NI or identity checks had been obtained prior to commencing employment. On review of one file there was only one reference and there was no evidence that appropriate checks had been carried out in relation to the employee’s registration with NISCC. Following the inspection relevant information was forwarded to RQIA detailing that both employees had relevant checks carried out on their identity and had obtained a satisfactory Access NI. The second reference and the NISCC registration for one employee was also confirmed. An area for improvement which was identified at the previous inspection in relation to ensuring that all persons are recruited in accordance with best practice and legislation, and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment, has not been suitably addressed and has been stated for a second time.



We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients, however, staff commented that most of the training is provided via a DVD and that any training outside of the mandatory training is generally soured by the employees. This was discussed with the manager who stated that they were actively seeking additional training and recognised the importance of ensuring that staff are kept up to date with evidence based practice.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the manager.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Following the review an action plan was implemented to reduce the incidences of falls where possible and the patient's risk of falls assessment and care plan was updated. Other audits were carried out in relation to the environment on a three monthly basis. On review of the issues identified in March 2019 such as over bed tables damaged, there was no evidence that the manager had actioned this and continued to identify this as an issue in June 2019. Due to the damage to furniture/equipment and a number of surfaces throughout the home unclean a discussion was held with the manager around the effectiveness of the audits. We further identified that the manager did not carry out any audits on wound care. This is discussed further in 6.4 and 6.6.

A number of infection prevention and control issues were identified during inspection as follows: patient equipment inadequately cleaned after use, incontinence pads outside of packaging, net pants that had been laundered with no identified patient names, inappropriate storage of patient equipment in communal bathrooms and identified damaged patient equipment unable to be appropriately cleaned. This was discussed with the manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent reoccurrence. The inappropriate storage of patient equipment and IPC practices had been discussed at the last inspection and there was no evidence that this practice had been addressed appropriately and an area for improvement was identified.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as doors and walls were on the home's agenda to address as part of their refurbishment plan. On discussion with the manager there was no clear date for completion of this work and the painting contractors had not returned in several months to complete the painting which resulted in bed room doors not having any signage and identified walls marked. We further identified damage to identified floor coverings and bed rail protectors, no hot water in an identified patient's ensuite, rusting to sink plug holes, damage to multiple over bed tables, rusting to commodes and a broken toilet seat. This was discussed with the manager and identified as an area for improvement. Following the inspection the manager confirmed that the identified ensuite had been reviewed and there is now a supply of hot water.

We observed unsupervised access to food thickening agents and denture cleansing tablets which posed a potential risk to patients. The manager agreed to review the current storage arrangements to ensure patients safety. This was identified as an area for improvement.

There was access to a store room on the first floor which had confidential patient information. A further store which was located on the first floor was also easily accessible and led to a roof space where water pipes were located. This was discussed with the manager who acknowledged the risk to patients and agreed to install locks to both doors. Confirmation was forwarded to RQIA following the inspection that locks had been fitted to both doors.

**Areas for improvement**

The following areas were identified for improvement in relation to IPC, risk management, and the environment during this inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	3	0

**6.4 Is care effective?**

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker.

Wound care documentation was reviewed which identified that there were a number of deficits in relation to the management of wounds. On review of the wound care folder and the charts in use for two identified patients both body maps had several marks identical to each other. On discussion with the manager it was confirmed that all of the photocopied charts had the same marks on the body map due to a printing error. The manager agreed to remove and replace all wound care charts following the inspection. We identified that there was no patient’s name on one identified chart, there were inconsistencies within the frequency of dressing renewals and dressings were applied on several occasions which were not recommended by the tissue viability nurse (TVN). It was further identified that within the evaluation records for one patient that there was “no real improvement noted”, however, there was no referral to the TVN or any other health professional to review the patient’s care plan. This was discussed with the manager who acknowledged that this required immediate management oversight and agreed to review these records and discuss the importance of appropriate referrals and documentation with all registered nurses following the inspection. This was identified as an area for improvement.

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan and the condition of their skin was not documented on all occasions. It was further identified that set fluid intake targets were not documented within patients care plans or recording charts. The manager stated that the overall

recommended target was 1500ml for all patients over 24 hours. However, on review of a sample of charts we identified that the recommended target was not consistently met and there was no comment within the daily notes of any action taken. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding skin integrity and fluid intake and communicate with relevant staff regarding the importance of documenting accurately within patients care records. This was identified as an area for improvement.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient's care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient's care plans.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. Staff said:

- "Good team."
- "Good handovers."
- "Staff great at communicating."

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining effective teamwork.

### Areas for improvement

The following areas were identified for improvement in relation to wound care and record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

#### 6.5 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Patients were afforded choice, privacy, dignity and respect.

Consultation with 12 patients individually, and with others in small groups, confirmed that living in Marina Care Home was a positive experience.

## Patient comments:

- “Staff are very good here”
- “Very happy here”
- “Food is good”
- “Staff are looking after me well”
- “I feel safe here”

## Visiting professional comments:

- “The staff are very compassionate and look after the patients well.”
- “This is a very good home with a homely feel.”

Six questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains. Comments included:

- “The care is excellent.”
- “The staff at the Marina Care Home are exceptional.”
- “Staff are pleasant and are providing an excellent service.”
- “They genuinely care.”
- “As a relative I am completely satisfied with the care given to my .....

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that there were some arrangements in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other. However, it was identified that the schedule was not on display within the home. This was discussed with the manager who stated that they were in the process of increasing the provision of activity hours and agreed to display an activity schedule going forward. This was identified as an area for improvement.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

## Areas for improvement

The following area was identified for improvement in relation to the appropriate display of the activity schedule.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 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.**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

A number of governance audits were reviewed which were completed on a monthly basis by the manager. Accident/incident audits were well maintained which provided a clear action plan when deficits were identified. Environmental/IPC audits were also completed on a three monthly basis which did not capture some of the issues identified during inspection and where deficits were identified they had not been actioned appropriately. We further identified that there were no audits being carried out on wound care which may have identified the issues which were evident during inspection and that a more robust oversight in relation the registration status of employees is required from management as previously discussed in 6.3. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Comments included:

- "Manager is very supportive."
- "Supported by management."
- "Feel valued and supported."

## Findings from finance inspection

A finance inspection was conducted on 8 August 2019. Financial systems in place at the home were reviewed and found to be satisfactory. These included the system for recording transactions undertaken on behalf of patients, the system for recording the reconciliations of patients' monies and valuables, the recording of fees charged to patients and recording patients' personal property brought into the home following admission.

A review of two patients' files evidenced that copies of signed written agreements were retained within both files. The agreements in place showed the current weekly fee paid by, or on behalf of, the patients. The agreements also included the items members of staff were authorised to purchase on behalf of patients e.g. toiletries and the additional services authorised to be paid on behalf of patients e.g. hairdressing.

There was evidence during the finance inspection that valuables held on behalf of patients were updated and checked at least quarterly however, no signatures were recorded against the records. The registered manager was advised to ensure that two members of staff signed the records to confirm the reconciliations took place. It was noticed that a small number of the recorded entries of transactions undertaken on behalf of patients had been written over. The registered manager was also advised during the inspection to strengthen the policy and procedure for dealing with the recording of errors with members of staff.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships, maintaining up to date records of the reconciliations of patients' monies, providing patients with up to date written agreements and informing patients and their representatives in advance of any increase in fees. Further areas of good practice were identified in relation to the recording of transactions undertaken on behalf of patients, the retention of receipts from these transactions, issuing receipts to individuals depositing monies on behalf of patients, updating the records of patients' personal property and the hairdresser and podiatrist signing records to confirm that the treatments took place.

## Areas for improvement

There were no areas for improvement identified as part of the finance inspection. The following area was identified for improvement during the care inspection in relation to quality governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Una McTaggart, Registered 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The staff recruitment files are all within the recruitment legislation, however on the day of the Inspection the Home Administrator was on Annual Leave and the Home Manager was unable to locate them from the filing drawer where they are all securely stored. On return from Annual Leave the following day the Administrator advised the Home Manager where they are stored and we are satisfied that all recruitment procedures are in place.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• storage of food thickening agents and denture cleansing tablets</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The staff have had training and supervision on the importance of safe storage of the above and ongoing checks are in place to ensure this is embedded in all staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and that equipment is stored appropriately.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Some new equipment has now replaced old existing equipment and further new equipment is presently on order, as part of the Homes refurbishment plan. A new storage container is on order to store the over flow of equipment that is not in use.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 October 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of walls, doors and floor coverings in multiple rooms.</p> <p>A refurbishment plan must be completed and returned with the QIP.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All equipment that can be refurbished has been completed by our Maintenance Man and the Painters and Decorators have the outside of the entire building painted,prior to this the commercial cleaners cleaned the roof, fascia board, down pipes and all outside render. The internal redecoration was completed on the 24th September 2019 which included all internal doors, walls skirting boards and ceilings.New name plates have been fitted to all doors to include bedrooms, lounge, toilet ,shower ,activity, clinical/treatment room etc..</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to wound care:</p> <ul style="list-style-type: none"> <li>• When recommendations have been made from other professionals regarding the type of dressing and frequency of dressing renewals this must be reflected within current care plans and wound care documentation</li> <li>• Recording charts must be clearly printed to ensure accurate documentation of the location and nature of the wound</li> <li>• Appropriate and timely referrals are made when it has been established that a wound is not healing</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Previously our pressure care audit tool was acceptable by RQIA, However after this Inspection we have now implemented a Wound Care Audit Tool as a second measure to ensure that all information retaining to wound care is not missed in our documentation. Staff Nurses where spoken with, to ensure that all documentation is updated both in wound care plans and wound care documentation,including referrals .</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>Specific reference to care plans, recording charts and daily records:</p> <ul style="list-style-type: none"> <li>• Care plans and recording charts should include recommended set fluid targets</li> <li>• Action taken must be documented within daily records when recommended fluid targets have not been maintained</li> <li>• Where a patient has been repositioned the frequency should be recorded on the chart and reflect the current care plan, state the intervention on each repositioning and the condition of the patient's skin.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All nursing staff have been refreshed on the importance of documenting set fluid targets and the action required if not met. On intervention of repositioning a resident the condition of their skin and frequency of repositioning will be documented in their careplan/turning chart.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A new notice board is displayed in a main area in the home with all the activities that are planned for each day and any special events well in advance for all residents to observe. The old notice board had been removed to facilitate refurbishment.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 September 2019</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> <li>• The outcome of Environmental/IPC audits are actioned in a timely manner</li> <li>• Wound care audits are carried out to ensure that wound care management is appropriate to the patient's needs.</li> <li>• The NMC/NISCC checks that are completed on a monthly basis by the administrator are reviewed by the manager.</li> </ul> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> All audits are actioned in a timely manner and NMC/NISCC checks that are persently completed by the Admininstrator will be reviewed also by the Manager going forward.</p>

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



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