



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Chester Nursing Home
Establishment ID No:	1425
Date of Inspection:	2 April 2014
Inspectors Names:	Lyn Buckley and Heather Sleator
Inspection ID:	18104

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:	Chester Nursing Home
Address:	27-29 Chester Avenue
Telephone number:	02893353060
E mail Address:	02893373320
Registered organisation/ Registered provider/responsible individual:	Chester Homes Ltd Mr Desmond Wilson
Registered manager:	Ms Gillian Dowds – awaiting registration
Person in charge of the home at the time of inspection:	Mr Babin George
Categories of care:	NH-DE, RC-DE, RC-LD, RC-MP(E)
Number of registered places:	43
Number of patients/residents accommodated on day of inspection:	Nursing: 28 Residential: 4
Scale of charges (per week):	Nursing £597 Residential £493
Date and type of previous inspection:	Unannounced follow up care inspection 9 December 2013
Date and time of inspection:	2 April 2014 10:45 – 19:30 hours
Name of inspectors:	Lyn Buckley and Heather Sleator

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 the nurse manager and area manager
- discussion with staff
- discussion with patients/residents and relatives
- examination of records pertaining to the issues stated within the quality improvement plan issued following the previous inspection
- inspection of the environment including all bedrooms, bath and shower rooms, stores, the vegetable preparation area and communal lounge/dining areas
- evaluation and feedback to the nurse and area managers.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved, by the registered person, by assessing the action taken to comply with the requirements and recommendations raised during the previous care inspection on 9 December 2013.

The inspectors rated the home's compliance level against each requirement and recommendation assessed.

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

Chester Nursing Home is situated in a residential area in the village of Whitehead. The home was originally a school and has been adapted and extended to provide accommodation for persons requiring nursing and residential care. Bedroom accommodation is provided in single and double rooms over four floors.

There is a large conservatory on the ground floor. Dining/lounge facilities, catering facilities and domestic/laundry facilities are also provided.

The home is registered to provide care for 43 persons under the following categories of care:

Nursing Care

DE - Dementia

Residential Care (maximum of 4 persons)

DE - Dementia

LD - Learning disability: 1 named person

MP (E) – mental health disorder over 65yrs

The home is also approved to provide day care for 3 persons.

Since the previous inspection RQIA were informed that Ms Gillian Dowds had been appointed as the home's manager. Ms Dowds took up her position on the day of the inspection -2 April 2014. Ms Dowds was the registered manager of Whitehead Nursing Home which is also owned by the Wilson Group.

3.0 Summary

This unannounced secondary care inspection was undertaken on Wednesday 2 April 2014 by Lyn Buckley and Heather Sleator, care inspectors, from 10:45 to 19:30 hours. The care inspectors were also accompanied by Gavin Doherty, estates inspector.

This report refers to the inspection findings of the two care inspectors. Details of the estates inspector's findings can be found in the estates inspection report for the same date.

Ms Gillian Dowds, home manager, was on duty and facilitated the inspection. Ms Angela Dorian, area manager for the Wilson Group, arrived in the home during the morning and remained until the conclusion of the inspection. Mr Wilson, registered person and home owner, spoke with Lyn Buckley at the conclusion of the inspection, by telephone. A brief summary of the inspection findings was given to Mr Wilson at this time. General discussion and detailed verbal feedback, of the inspection findings, was provided to both Ms Dowds and Ms Dorrian throughout the inspection and at the conclusion.

As a result of the previous inspection undertaken on 9 December 2013, 21 requirements and 10 recommendations were issued. The inspector assessed the level of compliance achieved with each of the requirements and recommendations issued.

The inspectors observed care delivery, inspected the environment, examined a selection of records and held discussions with management and staff to establish the level of compliance being achieved, by the registered person, to comply with the requirements and recommendations issued during the previous care inspection. The inspectors also spoke with patients/residents and relatives visiting during the inspection period.

Twenty one requirements were assessed as part of the inspection process. Of the 21 requirements assessed 15 were compliant, four were substantially compliant and two were moving toward compliance. Of the 10 recommendations assessed seven were compliant, two were substantially compliant and one recommendation was assessed as no longer being applicable.

Generally the inspection evidenced noticeable improvement particularly in regard to the the culture, dementia care, the standard of cleanliness and décor throughout the home. The personal care, dress and appearance of patients and residents was good. It was obvious care had been taken with each individual's appearance according to their wishes.

Relatives spoken with were satisfied with the care provided, some identified the positive changes following recent inspections.

Some issues were identified that require further improvement. For example, the inspectors noted in one double bedroom that the beds had been again been moved to the head to foot position along one wall; this is unacceptable and had been raised previously in September 2013. Management agreed to address this and speak with the staff on duty to ensure that this does not happen again. In addition a number of areas for improvement were found in respect of patient centred care planning, in accordance with 'best practice' in dementia care; management of restrictive practices, care planning following effective risk assessment, further enhancement of the meal time experience and timely serving of meals.

In addition the inspectors were able to evidence a formal approach to day to day management and governance of the home. In particular the appointment of a new home manager with proven leadership and management experience; the development of auditing systems and action plans to monitor standards and evidence the action taken to address identified deficits; and the appointment in March 2014 of a senior registered nurse as the organisation's area manager.

Management confirmed that RQIA will be informed regarding the commencement of the refurbishment programme for the ground floor once approval has been received from building control.

RQIA while acknowledging the improvements made to date will, through future inspections, continue to monitor compliance and sustainability of the standards of care and service provision within Chester Nursing Home.

Details can be found in section 4 and 5 of this report.

As a result of this inspection eight requirements and 5 recommendations were issued. Of the eight requirements issued five are stated for a third time either in full or in part, 1 was stated for a second time either in full or part; and two were issued for the first time. Of the five recommendations issued two were stated for a second time and three were issued for the first time.

Details of the inspectors' findings in relation to each of the requirements and recommendations issued can be viewed in the section immediately following this summary.

RQIA having taken an overview of previous inspection activity including the lack of progress and sustained compliance, with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008: imposed conditions on the registration of the home. Details can be viewed on RQIA's web site www.rqia.org.uk

The inspectors would wish to thank Mr Wilson, Ms Dowds, Ms Dorrian, staff, patients/residents and relatives for contributing to the inspection process.

4.0 Follow-up on requirements and recommendations issued as a result of the care inspection on 9 December 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (d)	<p>It is required that the following issues be addressed as a matter of urgency in regard to the vegetable preparation room:</p> <ul style="list-style-type: none"> • benching to be thoroughly cleaned initially and repaired or replaced to enable effective cleaning to take place <p>RQIA also require written confirmation that the replacement kitchen equipment has been installed.</p>	<p>This requirement was stated for a third time.</p> <p>The inspectors observed that the refurbishment of the vegetable preparation room had been completed. The area was also clean. Discussion with management confirmed that the cleanliness of this area was regularly audited with records maintained.</p> <p>Therefore, this requirement is assessed as compliant.</p>	Compliant
2	27 (2) (c)	<p>It is required that management inform RQIA of the date when the seating is to be repaired/replaced, when returning the quality improvement plan for this inspection.</p> <ul style="list-style-type: none"> • RQIA require confirmation without delay that seating with visible signs of damage have been repaired or replaced. 	<p>This requirement was stated for a third time.</p> <p>Observation of the environment confirmed that seating provided in communal areas and bedrooms was damage/wear free.</p> <p>Therefore, this requirement is assessed as compliant.</p> <p>The inspectors were informed that additional refurbishment and/or replacement of seating had been identified to ensure quality of furnishings throughout the home.</p>	Compliant

3	6(a)(b)	<p>The registered person must ensure that the statement of purpose and patients'/ residents' guide is reviewed and effectively revised to reflect the current categories of care accommodated in the home.</p> <p>The statement of purpose must accurately reflect the accommodation provided and the format of the documents must meet the needs of patients and residents accommodated in the home.</p> <p>Any revision to the revised documents must be submitted to RQIA within the specified timeframe.</p>	<p>This requirement was stated for the first time in September 2013 and carried forward for review to this inspection.</p> <p>Inspectors confirmed that the statement of purpose reflected the registered categories and registered number of places available in the home.</p> <p>Therefore, this requirement is assessed as compliant.</p> <p>Management agreed to forward the revised statement of purpose to RQIA reflecting that Ms Dowds had commenced her employment as the home's nurse manager on 2 April 2014.</p>	Compliant
4	20(1)(c)(iii)	<p>The registered person must ensure that the nurse manager receives effective dementia training without delay.</p> <p>Confirmation is required that effective training has been provided.</p>	<p>This requirement was stated for a second time.</p> <p>Discussion with management and review of records confirmed that Ms Dowds, home manager, and Mr George, deputy manager, had attended leadership/management training in dementia care on 21 and 22 March 2014.</p> <p>Ms Dowds informed the inspectors that as part of the training each participant was required to deliver</p>	Compliant

			<p>training to eight staff over a six month period before the participant received final accreditation. Therefore, over the next six months 16 staff will be taken through a validated and accredited dementia training course.</p> <p>Therefore, this requirement is assessed as compliant.</p> <p>Advice was also provided to management during feedback regarding the use of dementia care journal publications to assist in ensuring practices were 'fresh' and up to date with evidenced based practice.</p>	
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5	17(1)	<p>The registered person must implement an effective quality assurance system to ensure that training provided to staff is effectively embedded into day to day staff practice. In addition the registered person must implement cleaning audits and monitoring arrangements as a matter of priority.</p>	<p>This requirement was stated for a second time.</p> <p>The inspectors reviewed documents and records developed and implemented to ensure the effective monitoring of the quality of services provided in the home. This included a manager’s weekly audit which sampled a number of practice and audit areas; and weekly observations of patient/resident and staff interactions and staff practice.</p> <p>Discussion with management confirmed that the observation of staff practice and interactions with patients/residents had been very beneficial in assisting management in addressing the culture and practice issues within the home. Management confirmed that following each observation session staff were provided with immediate feedback and guidance for improving practice.</p> <p>Management believed that this approach was assisting in the culture of the home becoming one of ‘openness and learning’.</p> <p>These audit outcomes informed the monthly unannounced Regulation 29 visit and report.</p>	<p>Compliant</p>
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			<p>The inspectors also reviewed a number of action plans devised to address deficits identified by audit. This included review of the home's cleanliness and infection prevention and control measures.</p> <p>There was clear evidence of the action taken to address any deficits and subsequent follow up by senior management.</p> <p>Following discussion and review of records, the addition of the area manager post to the Group in March 2014 has already had a positive impact. For example; in conjunction with senior management, records pertaining to audits and reports have been formalised and were available in the home; and that nurse manager's now have a senior nurse manager providing support on clinical matters and day to day operational issues.</p> <p>Therefore, this requirement is assessed as compliant.</p>	
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6	13(3)	<p>The registered person must ensure that care practices as well as practices for serving meals to patients are urgently reviewed and practices perceived as institutional are effectively eliminated.</p> <p>In addition: A menu which is meaningful to patient with dementia and which can be read by patients must be implemented to enable patients, where appropriate, to make their wishes regarding the menu choice known.</p>	<p>This requirement was stated for a second time. The inspectors observed the serving of the mid-morning snack and lunch time meal in both lounge/dining areas.</p> <p>Observations confirmed that improvements had been made in regard to the patients/residents' experience. For example; staff were observed to quietly approach patients who were asleep and gently awaken them to ensure that they received their snack/meal/fluids. There was no sense of 'rushing' to get the task completed and patients were assisted to eat and drink appropriately and at a pace suitable to them.</p> <p>Another example; registered nurses were observed to be supervising the serving of meals and when administering medications they turned the medicine trolley around to ensure they were facing into the room enabling observation of practice and interactions.</p> <p>The inspectors also observed that the arrangements for serving meals had improved since the last inspection. For example, meals transported from the kitchen to the lower lounge/dining</p>	<p>Substantially Compliant</p>
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			<p>area were covered; and the addition of a trolley provided staff in this area with jugs of juice/milk/water, additional napkins, condiments, cutlery and crockery. This meant staff did not have to 'run back and forward' to the kitchen.</p> <p>Tables were set with a washable table cloth appropriate cutlery, drinking glasses and napkins. Not all tables had condiments. However, where condiments are not placed on dining tables staff should ask patients if they would like seasoning. Taste can be altered for some people with dementia therefore staff should either provide a range of condiments or ask the patient for their preference.</p> <p>In addition the inspectors advised management that the presentation of the tables may be further enhanced with the use of contrasting coloured plates or placemats. Visual enhancement of these aspects may promote patients independence at Mealtimes.</p> <p>The majority of tables also had a small floral centre piece. One member of staff when asked why all tables did not have the centrepiece, explained that some of the</p>	
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			<p>patients/residents did not like them so when that person chose were they sat for their meal staff would discreetly move the centrepiece to another table.</p> <p>As stated, the arrangements for the serving of meals had improved since the previous inspection. However, it was discussed with management that a further review of the arrangements for the serving of meals should be undertaken. Observations made by inspectors evidenced that some patients became unsettled at the dining table as they were seated for approximately 15 minutes prior to their meal being served. This review should include the chef's duties and the usefulness of a 'serving hatch' or an alternative which would facilitate the serving of meals.</p> <p>Discussion with management and staff confirmed that additional choices had been added to the menu. A written and picture menu was available and staff were currently working on improving this further, for example, increasing the font size of the print and only stating the meal to be served as opposed to the menu for the day.</p>	
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			<p>Discussion with the chef and review of patients' menu choice records did not evidence that the full meal was being recorded. For example, accompanying vegetables were not recorded.</p> <p>The record of menu choice should be recorded, in detail, so as to enable any person inspecting the record to judge the nutritional content of the meal and patient choice. In comparison to other inspection visits the observation of the mealtime care evidenced the impact of the recent dementia awareness training. However, management should continue to build on developing the confidence and skill of staff in this area. For example; the serving of meals to patients/residents in a timely manner.</p> <p>Therefore, this requirement is assessed as substantially compliant and stated for a third time.</p>	
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7	13(1)(b)	The registered person must ensure that when there is evidence of patients'/residents' potentially harming themselves, the organisation's procedures are followed and immediate action is taken.	<p>This requirement was stated for a second time.</p> <p>RQIA were provided with a copy of a health and safety audit undertaken on 17 January 2014, for the whole home, by a consultant. There was evidence which confirmed that this audit had informed the development of risk assessments relevant to staff and patients/residents on a daily basis. For example;</p> <p>the inspectors examined risk assessments pertaining to the joinery and window replacement work being carried out on the day of the inspection. It was noted that the window replacement programme was still not completed. It was agreed that the home would notify RQIA when this was achieved.</p> <p>Risk assessments had been devised in advance and circulated to staff. The risk assessment was specific in regard to timing and the action to be taken if the plan needed to be adapted to suit patient/resident needs or wishes.</p> <p>One inspector, while reviewing medication records with a registered nurse, observed a patient coming from the kitchen with some empty</p>	Substantially Compliant
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			<p>mugs. The registered nurse responded to this patient appropriately enabling the patient to continue to set the tables as they wished. However, it was concerning that the kitchen was not locked and that this patient had been in the kitchen unsupervised/without the knowledge of staff. The inspector brought this to the attention of Ms Dowds immediately and was addressed.</p> <p>The inspector examined the records which evidenced that the practice of locking the kitchen doors, at the end of catering staff's shift, had been implemented by management.</p> <p>Both Ms Dowds and Ms Dorrian assured inspectors that action would be taken regarding this incident.</p> <p>One identified patient who used the stairs to the dining area did not have a risk assessment or care plan in place to manage the identified risk.</p> <p>Patient and resident care records were reviewed in respect of the management of bed rails, pressure mats and falls risk assessment. Records were not appropriately reviewed, relevant to the assessed</p>	
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			<p>need. For example, one patient's care record evidenced a care plan had been written for the use of a pressure mat. The care record did not indicate that a pressure mat was required. Any form of restrictive practice should only be utilised where assessment has concluded this to be appropriate.</p> <p>Details of the inspectors' findings can be viewed in section 5.1 of this report. This was also discussed with management during feedback.</p> <p>Therefore, this requirement is assessed as substantially compliant and stated for a third time.</p>	
8	20(1)(a)	<p>The registered person must ensure that, the registered nurse provision during specified shifts is increased without delay to ensure the needs of patients and residents are effectively met.</p> <p>In addition, a minimum of two domestic cleaning staff (excluding laundry staff) must be on duty at all times over the seven day period to ensure the cleanliness of the home is maintained to an acceptable standard.</p>	<p>This requirement was stated for a second time.</p> <p>Discussion with management confirmed that two registered nurses were on duty during the day duty.</p> <p>On the day of the inspection two registered nurses were on duty during the day shift.</p> <p>Review of nursing and care staff duty rotas worked over a four week period from 03 – 30 March 2014 evidenced that planned staffing levels were maintained and were in keeping with</p>	Compliant

			<p>RQIA's minimum staffing levels, skill mix and ratio guidelines.</p> <p>Discussion with management confirmed that housekeeping hours had been increased and recruitment had been undertaken, and was on going, for permanent staff to ensure effective cleaning throughout the home.</p> <p>Examination of housekeeping duty rotas over a four week period from 03 -30 March 2014 confirmed that two housekeeping/cleaning staff were on duty during all but three week days and one member of staff on duty over the two days of the weekend.</p> <p>Observation of the home's environment evidenced that the standard of cleanliness had been improved and was of a good standard throughout all areas. The weekly audit undertaken by the manager/deputy manager and cleaning audits in place ensured effective cleaning practices. Any deficits identified were addressed through action plans and monitored through the regulation 29 visits.</p> <p>There were no malodours detected during this inspection.</p>	
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			<p>Therefore, this requirement is assessed as compliant.</p>	
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<p>9</p>	<p>16(2)(b)</p>	<p>The registered person must ensure that care records documenting restrictive practices are developed further regarding the use of sensor alarms, tabs monitors, health and safety to ensure the decision making including other methods tried have been recorded. In addition where a 'Do Not Attempt Resuscitation' (DNAR) order is in place, this must be kept under continuous review and records to evidence this information should be available.</p>	<p>This requirement was stated for a second time. Discussion with management confirmed that risk assessments and subsequent care planning for individual patients/residents had been undertaken and were kept under review in accordance with evidenced based practice and professional guidelines.</p> <p>Management also confirmed that since the previous inspection:</p> <ul style="list-style-type: none"> • staff had received training from a senior lecturer in nursing in respect of advanced care planning • that, in conjunction with GP's, Do Not Attempt Resuscitation (DNAR) decisions were reviewed in line with regional guidance. <p>However, review of one patient's care records evidenced conflicting information. A DNAR form was present in the care record and was awaiting the signature of the patient's next of kin. The progress record for the patient stated the next of kin had already signed the form and did not understand why it was being asked for again.</p>	<p>Moving towards compliance</p>
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			<p>Management should ensure and confirm to RQIA, in writing, that all registered nurses have received update training regarding this area of care.</p> <p>Refer to requirement 7 and section 5.1</p> <p>Therefore this requirement is assessed as moving towards compliance and stated for a third time</p>	
10	12 (1) (a) and (b)	<p>It is required that registered nurses are aware of the difference between Do not attempt resuscitation (DNAR) and advanced care planning and that they devise and review care plans according to regional guidance.</p> <p>Clarity must be sought from patients' own GP's in respect of the current DNAR order/instructions in place to ensure they are relevant.</p> <p>DNAR order/instructions must be reviewed in accordance with the Resuscitation Council UK - Resuscitation Guidelines 2010 / Decisions relating to cardio pulmonary resuscitation– joint document by Royal College of Nursing and British Medical Association -October 2007</p>	<p>This requirement was stated for the first time.</p> <p>Refer to requirement 9 inspection findings.</p> <p>The review of one patient's care record evidenced the DNAR in place had been signed and dated by the patient's GP and next of kin. The review of this patient's care record also evidenced the next of kin had stated their relative was not to be admitted to hospital.</p> <p>The review of the care record did not evidence any reference to advanced care planning by nursing staff regarding this request. Therefore, as</p>	Moving towards compliance

			<p>stated in requirement 9 inspection findings, a more robust approach to DNAR and advanced care planning should be in evidence and further staff training should be provided for all registered nurses.</p> <p>Therefore this requirement is assessed as moving towards compliance and stated for a second time</p>	
11	13(1)(a)	<p>The registered person must ensure that following each accident, incident or near miss, a post incident review is completed to review the circumstances around the event(s) and improvements to minimise risks are identified, accurately assessed, appropriately addressed and subject to regular quality monitoring and on-going review.</p> <p>Records of this process should be submitted to RQIA.</p>	<p>This requirement was stated for a second time. Discussion with management and review of accident records evidenced that post accident/incident reviews were undertaken and recorded in the accident/incident record books.</p> <p>Monitoring and auditing of accidents and incidents inform the regulation 29 visit report.</p> <p>Therefore, this requirement is assessed as compliant.</p>	Compliant

12	19(2) Schedule 4	It is required that the registered person shall maintain in the nursing home the records specified in Schedule 4.	<p>This requirement was stated for the first time. Regulation 29 reports, in accordance with regulation 19(2) schedule 4 (5), from October 2013 to the date of this inspection were available in the home for inspection.</p> <p>Therefore this requirement is assessed as compliant.</p>	Compliant
13	27(2)(t)	<p>The registered person must provide written confirmation to RQIA that a health and safety risk assessment which identifies hazards and risks including the measures necessary to mitigate against any identified risks has been completed for all areas throughout the home both internally and externally within the agreed timescale.</p> <p>All risks identified must be managed effectively. In addition to the original requirement: RQIA require urgent confirmation of the outcome of the visit by the health and safety consultant on 12 December 2013 and that day to day operational risk assessments have been carried out and are effectively managed.</p>	<p>This requirement was stated for a second time. RQIA were provided with a copy of a health and safety audit undertaken on 17 January 2014, for the whole home, by a consultant. There was evidence which confirmed that this audit had informed the development of risk assessments relevant to staff and patients/residents on a daily basis. For example; the inspectors examined risk assessments pertaining to the joinery and window replacement work being carried out on the day of the inspection. Risk assessments had been devised in advance and circulated to staff. The risk assessment was specific in regard to timing and the action</p>	Compliant

			<p>to be taken if the plan needed to be adapted to suit patient/resident needs or wishes.</p> <p>Also refer to inspection findings for requirement 7.</p> <p>Therefore this requirement is assessed as compliant.</p>	
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14	13(7)	<p>The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients, residents and staff.</p> <p>The following issues require to be effectively addressed:</p> <ul style="list-style-type: none"> • all syringes must be single use only and properly disposed of after use • commodes require to be properly cleaned after use • an infection control audit of the premises is completed and effective action is taken to address identified deficits. <p>In addition to the original requirement: Record should be maintained in relation to any action taken by management to address any identified deficits.</p>	<p>This requirement was stated for a second time. Observations during an inspection of the environment evidenced that the issues listed within this requirement had been addressed.</p> <p>Since the previous inspection an infection prevention and control audit had been conducted and there was evidence of effective action planning to address the deficits identified by the audit.</p> <p>As stated previously outcomes of quality assurance audits including the manager's weekly audit informed the regulation 29 visit/report.</p> <p>Therefore, this requirement is assessed as compliant.</p>	Compliant
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15	13(8)(a)	<p>The registered person must make suitable arrangements to ensure the nursing home is conducted in a manner which respects the privacy and dignity of patients' and residents', and the following issues must also be effectively addressed:</p> <ul style="list-style-type: none"> • in double bedrooms, each bed should be completely screened off, and screening should be provided around the sink • to enable privacy for patients and residents they should have opportunities to have access to their bedrooms as and when they require. 	<p>This requirement was stated for a second time.</p> <p>Observations made during the inspection of the home environment confirmed that in double bedrooms privacy screens had been put in place between each bed and around the wash hand basin.</p> <p>Discussion with management confirmed that consideration had been given to enabling patients/residents to have access to their bedrooms as required. However, the inspectors following observation and discussion concluded that given the number of secured or 'key coded' doors which were present, patients would only be able to access their bedrooms if accompanied by staff or ask staff to open doors. Advice should also be sought from the Trust.</p> <p>In addition the statement of purpose of the home should be reviewed to clearly state how the privacy, dignity and independence of patients will be promoted and/or met. A recommendation is made in this regard.</p>	<p>Substantially compliant</p>
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			Therefore this requirement is assessed as substantially compliant.	
16	18(2)(j)	<p>The registered person must ensure that having regard to the size of the nursing home and the number and needs of patients and residents, the following issue is effectively addressed:</p> <ul style="list-style-type: none"> the home is kept free from offensive odours. 	<p>This requirement was stated for a second time.</p> <p>As stated in requirement 8 there were no malodours detected during this inspection.</p> <p>Therefore, this requirement is assessed as compliant.</p>	Compliant

17	27(2)(a)(c)(f)(g)(o)	<p>The registered person must ensure that having regard to the number and needs of the patients and residents, the following issues are effectively addressed:</p> <ul style="list-style-type: none"> • broken furniture should be repaired or replaced without further delay • the size and layout of rooms, both communal and bedrooms meets individual needs of the patients and residents. • outdoor space is made safe for patients and residents, and overgrown shrubbery is trimmed. <p>In addition to the original requirement; the specific issue of double bedrooms and their possible reduction must be reviewed on a regular basis and records of discussion/agreements must be maintained.</p>	<p>This requirement was stated for a second time.</p> <p>As stated previously in requirement 2, observation of the home's environment confirmed that seating provided in communal areas and bedrooms was damage/wear free. In addition inspectors were informed that additional refurbishment and/or replacement of seating had been identified to ensure quality of furnishings throughout the home.</p> <p>Observation of the layout of double bedrooms was found to be acceptable with one exception. Staff had again moved the beds along one wall resulting in the beds being 'head to toe' in one bedroom. This practice is unacceptable and had been raised as an issue in September 2013. Adjacent double bedrooms are the same size and shape with the beds placed at right angles to the walls.</p> <p>This was raised with management who were surprised that the beds were head to toe. Management confirmed that they had reviewed double room layout and this layout had been changed.</p>	<p>Substantially compliant</p>
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			<p>The layout of one single bedroom was concerning because there was not enough room to allow a person to pass the foot of the bed to get to the wardrobe. This was discussed with management who agreed the bed could be easily repositioned.</p> <p>Management assured inspectors that they would find out who had placed beds head to toe ensuring this practice would cease. Also that the layout of the single bedroom would be changed. Both areas would then be monitored by management to ensure the changes are maintained.</p> <p>Discussion with the area manager confirmed that senior management had reviewed the number of double bedrooms and agreed that three identified bedrooms were to become single rooms. Management will keep the number of double rooms under review.</p> <p>The shrubbery outside the conservatory had been trimmed and pathways made safe for patients/residents. However, the garden could not be used by</p>	
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			<p>patients/residents without supervision as it is not secure. The refurbishment programme will further enhance this outdoor space ensuring it is safe for patient to use unsupervised.</p> <p>Management confirmed that the refurbishment programme for the ground floor and outdoor areas was due to commence as soon as building control approval was given.</p> <p>Therefore, this requirement is assessed as substantially compliant with one element regarding the layout of bedrooms stated for the third time.</p>	
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<p>18</p>	<p>17(1)</p>	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and any such review is undertaken not less than annually.</p> <p>In addition:</p> <ul style="list-style-type: none"> • any record or process undertaken in relation to quality assurance, review or monitoring of the provision of nursing and other services must be robust, recorded formally, clearly demonstrate action taken to address identified deficits and available for inspection • records pertaining to the action taken to address day to day repair/maintenance work must be clearly evidenced and reviewed on at least a monthly by senior management. Records of this review must be maintained • records pertaining to compliance monitoring must be recorded in a formal manner to ensure anyone inspecting the records can clearly identify the action taken to address any deficits raised • records pertaining to monitoring or reporting mechanisms which inform the regulation 29 visit/report must be 	<p>This requirement was stated for the first time.</p> <p>As stated previously in requirement 5 inspection findings, the inspectors reviewed documents and records implemented to ensure the effective monitoring of the quality of services provided in the home.</p> <p>Audit outcomes informed the monthly unannounced regulation 29 visit and report.</p> <p>The inspectors also reviewed a number of action plans devised to address deficits identified by audits. There was clear evidence of the action taken to address any deficits and follow up by the senior management.</p> <p>The addition of the area manager post to the Group in March 2014 has already had a positive impact. For example; in conjunction with senior management records pertaining to audits and reports have been formalised and were available in the home.</p> <p>Review of records and discussion with management and staff</p>	<p>Compliant</p>
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		<p>maintained in a formal manner and available for inspection</p> <ul style="list-style-type: none"> • a process must be developed and implemented to ensure all staff must receive formal supervision in accordance with Regulation 20 (2), DHSSPS minimum standard 29 and NMC guidance for registered nurses. 	<p>confirmed that a planner for staff supervision and appraisal was in place. Records of supervision and appraisal were available for inspection. Management confirmed that one registered nurse, who was on leave and two care assistants still had to have their annual appraisal. However, records confirmed that these were planned for the near future. It was agreed that Ms Dowds would provide emailed confirmation that these appraisals had been completed by 5 May 2014.</p> <p>Future inspection will continue to monitor compliance with this requirement. However, given the evidence, discussion and assurances from management; the inspectors were satisfied that this requirement had been complied with.</p>	
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19	13 (1)	<p>The registered person shall ensure that the nursing home is conducted so as – (a) to promote and make proper provision for the nursing health and welfare of patients; (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</p> <ul style="list-style-type: none"> the manager's hours are full time and supernumerary to the required care hours 	<p>This requirement was stated for the first time. As stated previously the new manager commenced her employment in the home on the day of this inspection. Discussion with the manager, the area manager and review of duty rotas confirmed that the manager's hours were full time and supernumerary to the required care hours.</p> <p>Therefore, this requirement is assessed as compliant.</p>	Compliant
20	29	<p>It is required that the registered provider/responsible individual ensures that a visit is undertaken, no less than monthly, in accordance with regulation 29 of the Nursing homes regulations (NI) 2005.</p> <p>As stated in requirement 17 of this QIP any record or process undertaken in relation to quality assurance, review or monitoring of the provision of nursing and other services must be robust, recorded formally, clearly demonstrate action taken to address identified deficits and available for inspection.</p>	<p>This requirement was stated for the first time. Discussion with management and a review of Regulation 29 visit reports confirmed that visits were conducted in accordance with the Nursing homes regulation (NI) 2005 and RQIA's guidance.</p> <p>Additional visits to the home by senior management were also recorded.</p> <p>Records were available in the home.</p> <p>Regulation 29 visit reports and action plans devised to address</p>	Compliant

			<p>identified areas for improvement have been forwarded to RQIA on a regular basis, as required. Records provided information which enabled inspectors to make a judgement in relation to progress with improvements and matters raised in the QIP issued as a result of the previous inspection.</p> <p>Therefore, this requirement is assessed as compliant.</p>	
21	20(2)	<p>It is required that the acting manager receives formal supervision in accordance with DHSSPS minimum standard 29 and professional requirements.</p>	<p>This requirement was stated for the first time.</p> <p>Since the previous inspection a nurse manager for the home has been appointed – Ms Gillian Dowds. Ms Dowds confirmed that she was undergoing a period of induction to the home.</p> <p>Ms Dorrian confirmed that she would be carrying out supervision and appraisal for Ms Dowds as required and that management supervision had been provided for the acting manager in January and February 2014.</p> <p>As stated in requirement 5, the addition of the area manager post to the Group in March 2014 has already had a positive impact. For</p>	Compliant

			<p>example; nurse managers' within the Group now have a senior nurse manager providing support on clinical matters, clinical supervision, advice and monitoring relating to day to day operational issues.</p> <p>Future inspection will continue to monitor compliance with this requirement. However, given the evidence, discussion and assurances from management; the inspectors were satisfied that this requirement had been complied with.</p> <p>Therefore, this requirement is assessed as compliant.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	34	It is also recommended that staff are reminded and monitored to ensure mops and mop buckets are stored appropriately and in accordance with infection prevention and control guidance.	<p>This recommendation was stated for the first time. Observations carried out during the inspection of the home's environment confirmed that mops and buckets were stored appropriately and in accordance with infection prevention and control guidance.</p> <p>Therefore, this recommendation is assessed as compliant.</p>	Compliant
2	25.3	It is recommended that the acting manager receives further training and support in the development of quality assurance processes.	<p>This recommendation was stated for the first time. Since the previous inspection a home manager has been appointed and commenced working in the home on 2 April 2014.</p> <p>The newly appointed manager is an experienced nursing home manager with proven knowledge of quality assurance processes.</p> <p>The review of quality assurances process will continue to be assessed through inspection.</p>	Not applicable

			Therefore, this recommendation is assessed as no longer being applicable.	
3	7	<p>It is recommended that advice and awareness/training regarding patient consent and capacity to consent is sought.</p> <p>Registered nurses should then demonstrate this knowledge within the nursing assessment and care planning process.</p>	<p>This recommendation was stated for the first time. Discussion with management confirmed that work had commenced, including training, in regard to registered nurses knowledge and understanding of deprivation of liberty, human rights, consent and capacity of older people with cognitive deficits.</p> <p>While the inspectors acknowledge the work that has taken place, review of care records evidenced that further work was needed to develop assessment of needs and care planning further.</p> <p>Refer to section 5 for details regarding care records. A requirement is made in this regard.</p> <p>This recommendation is assessed as substantially compliant and stated for a second time.</p>	Substantially compliant

4	25.11	It is recommended that the registered person/acting manager ensure that monitoring of the cleanliness is undertaken on a regular basis and any deficits in provision identified, managed and recorded appropriately.	<p>This recommendation was stated for the first time. Observation of the standard of cleanliness throughout the home, review of records and discussion with management evidenced that this recommendation had been complied with.</p>	Compliant
5	25.2	It is recommended that that the registered person/acting manager evidences how they intend to ensure <u>all</u> staff attend this training. This evidence should record any action taken in respect of non-attendance.	<p>This recommendation was stated for the first time. Review of records and discussion with management evidenced that a proactive approach to ensuring attendance at mandatory training was in place and effective.</p> <p>Training records reviewed for 2014 confirmed that to date the majority of staff had attended training in moving and handling; safeguarding of vulnerable adults; infection prevention and control; management of challenging behaviour. Dates for additional training sessions were also in place to ensure 100% attendance at mandatory training.</p> <p>Therefore, this recommendation is assessed as compliant.</p>	Compliant

6	25.11	<p>It is recommended that there is evidence within the accident/incident book to identify post incident reviews.</p> <p>In addition and to ensure improved governance within the service, the acting manager should incorporate details of accidents/incidents and post incident reviews in a weekly incident report which should be forwarded to the responsible individual.</p>	<p>This recommendation was stated for the first time.</p> <p>Review of accident and incident books evidenced that this recommendation had been complied with.</p>	Compliant
7	35.1	<p>It is recommended, in relation to the use of dignity blankets purchased that the potential for the blanket to get caught in the hoist, is reviewed as part of the risk assessment review by the external health and safety advisor for the home.</p>	<p>This recommendation was stated for the first time.</p> <p>Dignity blankets were in use. Moving and handling of patients observed by inspectors during this inspection was both efficient and dignified.</p> <p>This recommendation is assessed as compliant.</p>	Compliant
8	25.2	<p>It is recommended that the nurse manager reviews the structure and organisation of the file and contents.</p>	<p>This recommendation was stated for a second time.</p> <p>Review of files and folders such as the training folder evidenced that this recommendation had been complied with.</p>	Compliant
9	25.2 30.8	<p>It is recommended that to support the role of the named nurse, the responsibilities of care staff with patients and residents and their role as a key worker with identified patients and residents is reviewed by the nurse manager.</p>	<p>This recommendation was stated for a second time.</p> <p>Discussion with staff and management confirmed that this recommendation had been complied with.</p>	Compliant

		The handover arrangements in place for the home should also be reviewed to ensure that all care staff are included in the handover process.	Management stated care staff received a report when commencing duty. This was confirmed to the inspectors during discussion with care staff. Care staff also informed the inspectors of their role as key workers. For example, life story work, responsibility for wardrobes, getting to know the individual likes, dislikes and preference of their patients/residents to assist with the care planning process.	
10	28.4	It is recommended that the nurse manager completes an individual staff training needs analysis for all grades of staff which will inform the 2013/14 training plan for the home.	<p>This recommendation was stated for a second time.</p> <p>The new manager confirmed that she would be reviewing the outcome of all staff appraisals. The full analysis would be available when all appraisals were completed as agreed. This recommendation will therefore be reviewed at the next inspection and compliance assessed.</p> <p>This recommendation is assessed as substantially compliant.</p>	Substantially Compliant

5.0 Additional Areas Examined

5.1 Patient/resident care records

The inspector reviewed five patient care records. The following issues were identified as follows:

- bed rail risk assessments did not have the complete assessment tool available in the record. This meant that the score and recommendations for action were not available
- registered nurses had not reviewed care plans in relation to consent. For example care plans still read “obtain consent for ... from family”
- when a bed rail risk assessment score identifies that the use of bedrails is a high risk and alternatives should be considered, registered nurses must clearly state the rationale for the use of bedrails rather than recording nothing or “the family want the bedrails up”
- pressure mats or any form of restrictive practice should only be used where assessed need is evidenced
- evidence of patient/resident/representative consultation should be present in care records
- assessment of nursing needs regarding maintaining a patient’s safety should demonstrate that registered nurses have considered the least resistive method of restraint to maintain safety and that the restraint measure is in proportion to the risk. Refer to DHSSPSNI guidance on deprivation of liberty, interim guidance, March 2010 (issued to all registered establishments) and the Human Rights Working Group on Restraint and Seclusion, Guidance on Restraint and Seclusion in Health and Personal Social Services August 2005.
- one identified patient/resident has a high risk score for falls and was observed to use the stairs to the dining area unaided. While the inspectors acknowledged that the risk was high, observations during the inspection confirmed that the person managed the stairs independently and without any supervision; there was no care plan in place to identify or manage this risk
- pain assessment tools for people with dementia were not routinely used to measure the effectiveness of analgesia. Additional work is needed to highlight the effectiveness of low dose analgesia for patients unable to communicate due to dementia and the use of non-verbal cues when assessing patients for pain.
- the review of one patient’s care record did not evidence that risk assessments and care plans had been completed and developed within 11 days of admission. The review of this care plan also did not evidence care plans had been reviewed/evaluated from December 2013
- referral information received for the referring trust, including care plans, should be used to assist the registered nurse in developing care plans on admission. The review of one patient’s care plan evidenced a care plan for the use of a pressure mat. This was written on the day of admission. The review of the trust’s care plan stated “patient sleeps soundly, no issues at night”
- the review of a patient’s progress record made reference to a behavioural chart. There was no evidence of a behavioural chart in use for this patient
- the review of a patient’s daily progress record evidenced subjective terminology being used, for example, “....in bad form” and “....stubborn and did not want to move from chair”. Registered nurses must record in an objective and non-judgemental manner in accordance with professional guidance on records and record keeping
- the review of the monthly record of the patient’s weight did not evidence this to be completed in a consistent manner. For the period of time from December 2013 to April

2014 evidence was not present the patient had been weighed. The weight recorded in April 2014 evidenced a significant weight loss. However, there was no evidence present in the patient's care record to demonstrate what, if any, action had been taken regarding this. In discussion with management it was stated that the weighing scales may be at fault. Weighing scales in the home should be re-calibrated to ensure accuracy if information

Following the review of patient's care records the inspectors discussed with management the need for registered nurses to undertake training in person centred care planning. This is in accordance with best practice in dementia care.

It is required in accordance with the Nursing Homes Regulations (NI) 2005, regulation 13 (1); that patients and residents needs are assessed, planned, implemented, evaluated and reviewed in a person centred manner, taking into account evidenced based practice. In addition the issues listed above must be complied with.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms G Dowds and Ms A Dorrian, 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:

**Lyn Buckley/Heather Sleator
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan Unannounced Secondary Care Inspection

Chester Nursing Home

2 April 2014

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 Ms Gillian Dowds, home manager and Ms Angela Dorian, area manager, either during or after the inspection visit. Brief feedback was provided to Mr D Wilson, registered person, by telephone on 2 April 2014. 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	13(3)	<p>The registered person must ensure that care practices as well as practices for serving meals to patients are urgently reviewed and practices perceived as institutional are effectively eliminated.</p> <p>Attention should be given to;</p> <ul style="list-style-type: none">• the accurate recording of meals served/patient menu choice• the timely serving of meals, including ease of serving from the kitchen and time of serving once patients are seated• further enhancement of dining tables including the availability and offering of condiments• ensure the menu is in a suitable format whereby patients can clearly see/read what the meal being served is and choices <p>Ref: Section 4 (requirement 6)</p>	Three	<p>new form for kitchen staff to accurately record meal choices.</p> <p>meals are served first to those who are independent then staff focus on assisting others this continues to be observed.</p> <p>condiments placemats and new table cloths are available in dining room</p> <p>picture menus have been further enhanced to single picture menu cards .menu boards are to be completed prior to each meal so clients can see easier what is being offered.</p>	By end of May 2014

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
2	13(1)(b)	<p>The registered person must ensure that when there is evidence of patients'/residents' potentially harming themselves, the organisation's procedures are followed and immediate action is taken.</p> <p>Ref: Section 4 (requirement 7)</p>	Three	<p>risk assessments for all clients who may be at risk for potential harm eg. on stairs have been updated for relevant clients</p>	By end of May 2014
3	16(2)(b)	<p>The registered person must ensure that care records documenting restrictive practices are developed further regarding the use of sensor alarms, tabs monitors, health and safety to ensure the decision making including other methods tried have been recorded.</p> <p>In addition where a 'Do Not Attempt Resuscitation' (DNAR) order is in place, this must be kept under continuous review and records to evidence this information should be available.</p> <p>Ref: Section 4 (requirement 9)</p>	Three	<p>monthly audits on restrictive practices continue and care records reflect the need for such practices.</p> <p>Dnar audits continue monthly also and are available for review</p>	By end of May 2014
4	12 (1) (a) and (b)	<p>It is required that registered nurses are aware of the difference between Do not attempt resuscitation (DNAR) and advanced care planning and that they devise and review care plans according to regional guidance.</p> <p>Ref: Section 4 (requirement 10)</p>	Second	<p>further training for the nurses on 12th may discussing dnr and advanced care planning.</p> <p>care plans are currently being updated</p>	By end of May 2014

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5	13(8)(a)	<p>The registered person must make suitable arrangements to ensure the nursing home is conducted in a manner which respects the privacy and dignity of patients' and residents', and the following issues must also be effectively addressed:</p> <ul style="list-style-type: none"> • to enable privacy for patients and residents they should have opportunities to have access to their bedrooms as and when they require. <p>Ref: Section 4 (requirement 15)</p>	Three	Any resident wishing to go to their bedroom will be taken to their room accompanied by a member of staff when <i>if</i> they request to do so	By end of May 2014
6	27 (2)(a)(f) and (o)	<p>The registered person must ensure that having regard to the number and needs of the patients and residents, the following issues are effectively addressed:</p> <ul style="list-style-type: none"> • the size and layout of rooms, both communal and bedrooms meets individual needs of the patients and residents. <p>Ref: Section 4 (requirement 17)</p>	Three	rooms/furniture in rooms have been rearranged as requested three rooms have been made into single rooms currently	By end of May 2014

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
7	15 (2) (a) (b)	<p>The registered person shall ensure that the assessment of the patient's needs is –</p> <p>(a) kept under review: and (b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually</p> <p>Attention should be given to ensuring the information received by the referring agent or Trust is used to assist with the development of care plans.</p> <p>Evidence should be present that risk assessments are reviewed on a regular basis, preferably monthly</p> <p>Ref: Section 5.1, additional areas examined, patients/residents care records</p>	One	<p>risk assessments are reviewed and audited on monthly evaluation by the residents primary nurse</p> <p>patient profiles and Activities of living assessments are also reviewed with this monthly evaluation and changes are updated ,changes to same will be made at any time.</p> <p>initial assessments /trust careplans are incorporated into the plan of care</p>	By end of May 2014

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
8	16 (1), (2) (b) & (c)	<p>The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of his health and welfare are to be met.</p> <p>Attention should be given to;</p> <ul style="list-style-type: none"> • ensuring evidence of patient/representative consultation is present • regular evaluation of care plans is present • registered nurses record in an objective and non-judgemental manner • care plans correspond to assessed need • where a concern is recorded an audit trail should evidence the action taken in relation to the concern • care plans should be written in a person centred manner. <p>Ref: Section 5.1, additional areas examined, patients/residents care records</p>	One	<p>Primary nurses are aware of the need for family involvement with careplanning and currently are incorporating the signed form after discussion with families.</p> <p>Care plans are evaluated monthly and updated as required</p> <p>Care plans are written in conjunction with assessed needs of individual clients.</p> <p>Any concern i.e. weight loss is reflected in care plans and communicated to staff through staff diaries and communication books.</p> <p>Patient centred careplan training for staff throughout the group</p> <p>Chesler staff attending 22nd may 29th may and further date to be arranged</p>	By end of May 2014

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	28.4	<p>It is recommended that registered nurses undertake training/refresher training regarding advanced care planning and the use of DNAR directives. RQIA should be informed, in writing, when this is completed.</p> <p>Ref: Section 4 (requirement 2)</p>	One	Further training for staff was on 12 th may as emailed to RQIA	By end of May 2014
2	12.1	<p>It is recommended that the review of the serving of meals (refer to requirement 6 inspection findings) includes the duties of the chef in enabling the timely serving of meals.</p> <p>Ref: Section 4 (requirement 6)</p>	One	After discussion with chef re serving of meals timings adjusted to enable independent clients to be served first then meals for residents requiring assistance are made available	By end of May 2014
3	7	<p>It is recommended that advice and awareness/training regarding patient consent and capacity to consent is sought. Registered nurses should then demonstrate this knowledge within the nursing assessment and care planning process.</p> <p>Ref: Section 4 (recommendation 3)</p>	Two	Discussed in training 12 th may being adapted to care plans	By end of May 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	28.4	<p>It is recommended that the nurse manager completes an Individual staff training needs analysis for all grades of staff which will inform the 2013/14 training plan for the home.</p> <p>Ref: Section 4 (recommendation 10)</p>	Two	<p>Training needs analysis completed and training schedule has been developed incorporating mandatory and other relevant training</p>	By end of May 2014
5	26.7	<p>It is recommended the statement of purpose is revised to include information as to how the home promotes patients/residents independence and respects individuals' dignity and privacy</p> <p>Ref: Section 4 (requirement 16)</p>	One	<p>Updated and forwarded to RQIA</p>	By end of May 2014
6	8.3	<p>It is recommended weighing scales in the home are regularly maintained/re-calibrated to ensure accurate information is provided.</p> <p>Ref: Section 5.1, additional areas examined, patients/residents care records</p>	One	<p>Weighing scales collected and maintenance done by s+e both sets callibrated also</p>	By end of May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing QIP	Ms Gillian Dowds
Name of Responsible Person / Identified Responsible Person Approving QIP	Ms Angela Dorian <i>g wicks</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
	✓	<i>Heather Senter</i>	<i>19/06/14</i>
Response assessed by inspector as acceptable			
Further information requested from provider			