



# Unannounced Care Inspection Report 8 and 9 October 2018



## Kintullagh Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 36 Westbourne Avenue, Carniny Road,  
Ballymena, BT43 5LW**  
**Tel No: 02825654444**  
**Inspector: Lyn Buckley**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 61 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Limited  <b>Responsible Individual:</b> Mr Gavin O'Hare-Connolly	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Ms Julie-Ann Jamieson	<b>Date manager registered:</b> Ms Julie-Ann Jamieson - registration pending
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 61 comprising: 57 – NH-I and PH 1 – NH-LD 3 – RC-I, MP(E) and PH(E)  There shall be a maximum of 1 named patient in Category NH-LD. There shall be a maximum of 3 named residents receiving residential care (RC).

### 4.0 Inspection summary

An unannounced inspection took place on 8 October 2018 from 09:30 to 17:20 hours and on 9 October 2018 from 09:10 to 13:30 hours.

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

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

As a result of this inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Kintullagh Care Home were below the standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to the management of staffing, their deployment on a day to day basis and the management of short notice sick leave to ensure staffing deficits did not impact on the delivery of safe and effective care. This meeting took place at RQIA on 15 October 2018.

At this meeting the responsible individual and manager acknowledged the deficits identified and provided an action plan as to how these would be addressed by management. RQIA were

provided with the appropriate assurances and the decision was made to take no further enforcement action at this time.

A further inspection will be undertaken to validate sustained compliance and to drive necessary improvements. Please refer to the main body of the report and the quality improvement plan (QIP) in section 7.0 for details.

Evidence of good practice was found in relation to staff recruitment processes and staff knowledge of adult safeguarding procedures; communication between patients, staff and other key stakeholders; staff awareness of patients specific care needs and wishes; and care planning. We also found evidence of good practice regarding the culture and ethos of the home, the provision of activities, maintaining good working relationships and responding to suggestions or concerns.

Areas requiring improvement were identified in relation to staffing arrangements and management, notification of staffing deficits, checks to verify nurses' registration with their professional body, evaluation of falls audit, fire safety measures and practices; and infection prevention and control practices; management of modified food and fluids; the storage of patient records; the use of microwaves by care staff to reheat patients' meals; management of complaints and governance arrangements.

Patients generally described living in the home in positive terms but did raise some concerns regarding staffing levels. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their relatives.

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	6

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

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 4.2 Action/enforcement taken following the most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 May 2018. 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

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the registration status of the home.

During the inspection we spoke with 17 patients, two patients' relatives and 15 staff. Ten patients' questionnaires and ten patient relatives' questionnaires were left for distribution. A poster was provided for staff inviting them to provide feedback to RQIA on-line. We also provided the manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection on 8 October 2018 and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from 2 September to 13 October 2018
- 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 from 1 July 2018
- one staff recruitment and induction file
- four patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate

- a sample of monthly quality monitoring reports undertaken, since 1 January 2018 and, in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 11 May 2018**

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

### **6.2 Review of areas for improvement from the last care inspection dated 11 May 2018**

There were no areas for improvement identified as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met.

Discussion with nursing staff confirmed that the home was operating below the planned staffing levels at the commencement of the inspection. Three care staff, working all day from 08:00 to 20:00 hours had reported sick at short notice and only one 'all day' shift had been covered using bank and agency staff. The home is managed over three units and one unit was particularly affected as it was 'short' by two care staff until 14:00 hours. Observations within this unit evidenced that the patients' needs were not fully met by the number of staff on duty. For example, we observed that the morning medication round was still to be completed at 11:50 hours, one patient stated that they had missed the morning activity because their medicines were late; and the mid-morning snack was not served as staff were too busy delivering care to serve the tea. Staff confirmed they had not been offered support from other units. It was evident that staff had made every effort to ensure the essential needs of patients were met in this unit. We reported this to the manager and advised that this unit needed support.

In another unit the nurse in charge, of that unit, had obtained cover for the morning shift but not for the afternoon. During the afternoon a new member of care staff working their second shift in the home was 'counted' as the second care staff. Discussion with the manager confirmed that new staff should not be counted in the staff numbers until a satisfactory induction had been completed and we were advised on 9 October 2018 that an additional care assistant was obtained for this unit from 16:00 hours on 8 October 2018. Staff in this unit described contingency plans to ensure the delivery of effective care. For example, using one lounge to enable closer supervision of patients. Another staff member stated that when staff went to their usual allocated unit in the morning; if your unit was short you had to "sort it yourself." Following further discussion it was evident that the designated nurse in charge of the home, in the absence of the manager, did not 'take charge' of reviewing the deployment/allocation of staff when staffing levels changed or for escalating staffing deficits to line managers.

In addition patients and relatives spoken with all raised concerns with the inspector and the lay assessor regarding staffing levels and the impact on care delivery and the patient experience.

Following discussion we reviewed the nursing and care staff duty rotas from 2 September to 13 October 2018 which evidenced that the planned staffing levels were not consistently adhered to. Duty rotas also evidenced that on at least two weekend shifts four care staff did not report for duty at 08:00 hours and there was no evidence of cover having been obtained.

As stated, observations, discussion with staff, patients, relatives and review of records evidenced that planned staffing levels were not consistently adhered to and that this was evidenced to be impacting on the patient experience and the ability of staff to deliver care to meet patients' assessed needs in a timely manner.

Discussion with the manager confirmed that short notice sick leave was being managed through the home's absence procedures and that 'cover' for shifts was always sought but not always possible. In addition four new care staff had been recruited and the manager was waiting for responses to employment checks before they could commence their induction.

On day two of the inspection, 9 October 2018, the home was fully staffed.

As a result of this inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Kintullagh Care Home were below the standard expected. A decision was taken to invite the registered persons to a serious concerns meeting in relation to the management of staffing, their deployment on a day to day basis and the management of short notice sick leave, to ensure staffing deficits did not impact on the delivery of safe and effective care. This meeting took place at RQIA on 15 October 2018.

At this meeting the responsible individual and manager acknowledged the deficits identified in relation to staffing arrangements and other areas for improvement identified and provided RQIA with an action plan as to how these would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no further enforcement action at this time. Two areas for improvement were made.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of 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 staff registration with the NISCC. NMC records for August, September and October 2018 evidenced that a nurse's registration had 'lapsed' at the end of August 2018 and remained lapsed as per the 6 October 2018 record. There was no evidence of when the manager checked the nurse's registration status before the nurse worked again on 30 September 2018 as recorded on the duty rota reviewed. Following discussion with the manager and review of the NMC 'live' register it was confirmed that the nurse was registered and we received emailed confirmation from the manager on 9 October 2018 that the nurse had been re-registered with NMC on 24 September 2018. The manager acknowledged that the process needed to be clear regarding the action taken and/or decisions made and when. An area for improvement was made.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards and the manager had a process in place to monitor staff compliance with mandatory training requirements. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and the thickening of fluids for patients' requiring a modified consistency.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were collated and reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, the falls audit records did not evidence that the manager had evaluated the falls data or, if deficits in practice were identified, had taken any action. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. At 15:32 on 8 October 2018 the home's fire alarm system was activated. Staff informed the inspector this was not the regular fire test and they were observed responding to the fire alarm as required. We observed, on route to the fire panel at the main office, that the kitchen door and the staff room door had not automatically closed when the fire alarm sounded; the second kitchen door at the dining room was propped open by a cutlery trolley and catering staff had not shut off any



equipment in the kitchen before leaving to attend the fire panel. This is not in keeping with fire safety practices and we brought this to the attention of the chef and the manager.

We discussed our concerns with the manager that catering staff were not aware of the actions to be taken, specific to the kitchen, in the event of the fire alarm sounding and advised that this deficit needed to be addressed as a matter of urgency. At the meeting with RQIA the registered person confirmed that training was planned specific to each staff members' role and function. An area for improvement was made and will be validated at the next inspection.

The manager confirmed that the fire alarm had been an unannounced drill and that she had referred the failure of the door closures to senior managers and that the maintenance person had adjusted the door closures in the interim.

Observation of practice, discussion with staff and review of records evidenced that infection prevention and control measures and best practice guidance were not consistently adhered to. The following issues were identified:

- the underside of shower chairs and commodes should be effectively cleaned after each patient use
- equipment such as wheelchairs, hoists, bedside tables should not be stored in bathrooms where there is a toilet
- toilet brushes should be stored in such a way that allows the brush to air dry rather than sit in a pool of water.

An area for improvement was made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment processes and staff knowledge of adult safeguarding procedures.

**Areas for improvement**

The following areas for improvement were identified in relation to staffing arrangements and management, notification of staffing deficits, NMC checks, evaluation of falls audit, fire safety measures and practices; and infection prevention and control practices.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	4	2

**6.5 Is care effective?**

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

In relation to the management of modified food and fluids staff were aware of the dietary requirements for their patients in relation to which type of modified diet they required and how to modify fluid to the prescribed consistency. We also observed how staff supported patients requiring modified food and fluids during the lunchtime meal in one unit. Staff confirmed that they received information regarding modified food and fluids at shift handovers and that the menu check list also listed the type of modified food and fluids a patient may require.

We reviewed the handover records, menu check lists and one patient's care records regarding modified food and fluids. Recording of the type of texture for food and stages for fluids was inconsistent across the records reviewed. For example, staff used a range of terms to describe textures and consistencies rather than the current SALT terms. In the care record reviewed the patient was prescribed stage three consistency for their fluids by SALT yet the pre-printed guidance document in the record was for stage one. This was discussed with the nurse in charge of the unit and the guidance document was immediately changed.

During feedback to the manager RQIA acknowledged that new national descriptors for modified food and fluids were to be implemented before the end of March 2019. However given the potential for confusion evidenced in the records reviewed, the manager was advised to ensure the current approach to describing textured diets and fluids was adhered to consistently until training in the new national descriptors was completed. An area for improvement was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), Speech and Language Therapists (SALT), Tissue Viability Nurses (TVNs) and Dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed when changes to recommendations by healthcare professionals were made.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. However, as stated previously communication regarding staffing deficits and management of staffing deployment were not always managed effectively. Refer to section 6.4.

Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff/management but they remained concerned about staffing levels.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders, staff awareness of patients specific care needs and wishes; and care planning.

### **Areas for improvement**

An area for improvement was identified in relation to the management of modified food and fluids.

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

## 6.6 Is care compassionate?

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

We arrived in the home on 8 October 2018 at 09:30 hours and were greeted by the manager and staff who were helpful. Patients on the ground floor were observed enjoying breakfast and a mid-morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting some patients to enjoy the morning activity in the café and to eat and drink as required. An area of improvement has been made regarding staffing arrangements due to the impact of staffing on the patient experience. Refer to section 6.4 for details.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate and caring. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, we observed patients' records to be left unattended in the café on the ground floor. The manager addressed this issue with the staff member concerned. An area for improvement was made.

Observations and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients able to attend the activities in the ground floor café said they enjoyed their activities and welcomed the new activity therapist. Other patients were observed playing a game of bowls in the conservatory. Patients and staff were enjoying the competition and the 'craic'.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage.

We observed the serving of the lunchtime meal in one of the ground floor units. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. An area for improvement has been made in relation to the management of modified food and fluids. Refer to section 6.5 for details. We asked the manager to review the use of microwaves in the dining rooms to reheat patients meals as there were no records for reheating food maintained in accordance with food safety guidance and staff spoken with were not aware of the potential risks associated with reheating patients' meals. An area for improvement was made.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

“Thank you from the bottom of my heart for your kindness and support...really means the world.”

“Thank you to you and all the team of staff at Kintullagh for the great care and consideration you gave to my ...and the support you also gave to my family.”

“To all the nursing staff and general staff... thank you for all you have done for me...”

Consultation with 17 patients and with others in smaller groups, confirmed that living in Kintullagh Care Home was generally a good experience. As stated previously patients were concerned regarding staffing levels and how this impacted on their experiences and also on the “hard working staff”. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with two patients’ relatives who raised similar concerns to those of patients regarding staffing arrangements. Their comments are included in section 6.4. Ten relative questionnaires were provided; none were returned within the timescale indicated.

We spoke with 15 staff, their comments and views have been included throughout this report. Staff were also invited to complete an on line survey; we had no responses before the issue of this report.

Any comments from patients, patient relatives and staff in returned questionnaires or online survey responses received after the issuing of this report, will be shared with the manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of activities.

**Areas for improvement**

Two areas for improvement were identified in relation to the storage of patient records and the use of microwaves by care staff to reheat patients’ meals.

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

## 6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. An application for registration with RQIA has been received in respect of the manager.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked, were clearly recorded. The nurse in charge of the nursing home in the absence of the manager was not recorded on the duty rota and, in addition, this role required to be clarified in relation to the management of staffing deficits as detailed in section 6.4. An area for improvement was made.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. However, records did not evidence the actions taken to determine the complainant's satisfaction with the process or the actions taken by the manager to address concerns. An area for improvement was made.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, complaints, IPC practices and wound management. However, review of the records evidenced that the audit process was not always completed. For example, the manager did not have an overview of the number and type of wounds occurring in the home and where audits identified deficits there was no evidence of actions taken to address the identified deficits. Areas for improvement have been made regarding falls and complaints. In addition an area for improvement was made in relation to governance and managerial oversight arrangements.

Discussion with the manager and review of records from 1 January 2018 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. We discussed with the manager how these reports could be used on a daily basis to ensure the action plan was addressed.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that generally good working relationships were maintained and that management were supportive and responsive to any suggestions or concerns raised. However, as stated previously in section 6.4 staff were concerned regarding staffing levels and

how this impacted on the delivery of care and their ability to meet patients assessed needs in a timely manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and responding to suggestions or concerns.

### Areas for improvement

Areas for improvement were identified in relation to the recording of the nurse in charge of the duty rota, complaints and governance arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Ann Jamieson, 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 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the assessed needs of patients are met by the number, qualification, competence and experience of the staff on duty.</p> <p>This includes clarification of the role and responsibilities of the nurse in charge of the nursing home, in the absence of the manager, when staffing deficits occur.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Local protocol for absence management has been re written and published in the staff rota to ensure compliance. Support and development sessions held with persons in charge detailing how to act on absence management. Persons in charge have been notified and understand the escalation process in the event of unplanned absence within the home with Home Manager, Regional Operational Director and Senior Operations Director in these events. Roles and responsibility of the person in charge in the absence of manager reviewed and can now be identified with the use of an asterix on rota.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall notify RQIA of any deficit in the planned staffing levels which cannot be 'covered' until further notice.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels of the home are reviewed daily by management and can fluctuate due to occupancy and hospital admissions. Persons in charge are aware that resources must be reviewed to ensure the needs of the whole home are met and not just individual units. Home manager has completed regulation 30 to inform of deficit in staff if occurs and will continue to do so.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (e) and (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that persons working in the nursing home are provided with fire safety training commensurate with their role and function in the home and that this knowledge is embedded into practice.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Supervision completed with staff discussing the importance of fire safety and how it is applicable to their role. Fire practical training arranged for staff 22.11.18.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the issues identified during this inspection regarding infection prevention and control measures and practices are addressed and consistently adhered to.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All toilet brushes that are unable to air dry have been removed due to infection control risk. Audit completed 12.10.18 of all commodes and bins. Order replacing commodes and bins had been made and received commodes 18.10.18. Awaiting delivery of replacement bins. Infection control audit completed monthly following manager and deputy manager walk rounds.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the management of modified diets and the terminology used is consistent to avoid confusion.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All documentation reviewed by home manager and deputy manager and updated using consistent terminology. Training provided from Nutricia regarding modified diets and fluids 04.11.18. Information given to staff and also in duty rooms on guidance of modified diets to also avoid any confusion.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2018.</p>	<p>The registered person shall ensure that the manager is assisted to implement and maintain systems to enable them to have an accurate overview of the care and treatment of patients and other services provided by the nursing home.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Clinical review meetings held with nursing staff of each unit weekly to ensure manager has accurate overview of care. Detailed 24 hour report completed detailing all areas of service and action required. Manager has commenced daily meeting with heads of departments to ensure an accurate and full overview of the care and treatment of residents. By including all departments an overview of the other services provided by the home will be known to the manager and remedial action taken timely.</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>Ref: Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the process for checking nurses' registration with the NMC includes details of the action taken and/or decisions made when concerns are identified.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This system has been reviewed and updated. The home administrator completes all checks and the home manager reviews these to ensure compliance and take actions if required. Template letter now to be forwarded when staff registration is due to expire. Actions section also added to the record to evidence home managers actions.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 22.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2018.</p>	<p>The registered person shall ensure that following the monthly analysis of falls data that a record of the manager's evaluation of the data is recorded and includes details of any action taken; as part of the audit process.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Following all audits, evaluation is discussed at clinical review meetings weekly. Managers evaluation is also documented. Nursing staff are also involved in completing actions by working in partnership with MDT such as trust, falls prevention etc.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 5.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure patient records are maintained confidentially.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions have been carried out with staff members to ensure the understanding and importance of confidentiality. All staff now complete records in office to ensure that records are held out of public's reach.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 35.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2018.</p>	<p>The registered person shall review the use of microwaves, by care staff, to reheat patients' meals in accordance with food safety regulation and guidance.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Microwave removed from unit to avoid care staff using to re heat patients meals. Supervision completed to advise that kitchen staff only re heat meals so that appropriate documentation is completed and correct temperatures met as per food safety regulation.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the staff duty rota clearly identifies the nurse in charge of the nursing home in the absence of the manager.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse in charge can be identified on rota with use of asterix. The roles and responsibilities and have been discussed with persons in charge and is understood.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered person shall ensure that the record of complaints includes details of the action taken by the manager to address the concerns raised and whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> New template devised to ensure managers actions are recorded, whether complainant is satisfied and if complaint has been passed to senior management team.</p>

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



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