



The Regulation and  
Quality Improvement  
Authority

## Unannounced Care Inspection

**Name of Establishment:** Ratheane Private Nursing Home  
**Establishment ID No:** 1431  
**Date of Inspection:** 14 December 2014  
**Inspector's Name:** Bridget Dougan  
**Inspection No:** IN017858

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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**1.0 General Information**

<b>Name of Home:</b>	Ratheane Private Nursing Home
<b>Address:</b>	58 Mountsandel Road Coleraine BT52 1JF
<b>Telephone Number:</b>	028 7034 4299
<b>E mail Address:</b>	ratheane@macklingroup.com
<b>Registered Organisation/ Registered Provider:</b>	Macklin Group Mr Brian Macklin and Mrs Mary Macklin
<b>Registered Manager:</b>	Mrs Araceli Flores
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Araceli Flores
<b>Categories of Care:</b>	NH – I, PH and PH(E) RC – I, PH and PH(E) to a maximum of sixteen persons
<b>Number of Registered Places:</b>	79
<b>Number of Patients Accommodated on Day of Inspection:</b>	68 patients/residents
<b>Scale of Charges (per week):</b>	Nursing        £563 - £591 Residential    £456 - £460
<b>Date and Type of Previous Inspection:</b>	28 March 2014 Secondary Unannounced
<b>Date and Time of Inspection:</b>	14 December 2014: 10.30 – 16.30 hours
<b>Name of Inspector:</b>	Bridget Dougan

## **2.0 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.

## **3.0 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.

## **4.0 Methods/Process**

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

- Discussion with the registered manager
- Discussion with staff
- Discussion with patients/residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Consultation Process

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

Patients/Residents	<b>20</b>
Staff	<b>7</b>
Relatives	<b>3</b>
Visiting Professionals	<b>0</b>

Questionnaires were provided during the inspection, to patients / residents and staff to seek their views regarding the quality of the service.

<b>Issued To</b>	<b>Number Issued</b>	<b>Number Returned</b>
Patients/Residents	<b>3</b>	<b>3</b>
Relatives/Representatives	<b>3</b>	<b>3</b>
Staff	<b>4</b>	<b>4</b>

## 6.0 Inspection Focus

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

### **STANDARD 12 – MEALS AND MEALTIMES**

**Patients receive a nutritious and varied diet in appropriate surroundings at times convenient to them.**

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

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

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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.

## 7.0 Profile of Service

Ratheane Private Nursing Home was a former hospital, which has been extensively renovated and developed to provide nursing home accommodation. This two-storey building occupies a corner site on the outskirts of Coleraine. It is situated in a residential area but is close to the facilities of the town.

Accommodation for patients/residents is provided on both floors of the home. Access to the first floor is via passenger lifts and stairs. Day areas, catering, laundry, and sanitary facilities are provided within the home.

The home is registered to provide care for a maximum of 79 persons under the following categories of care:

### Nursing Care (NH)

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over the age of 65 years.

### Residential Care (RC)

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over the age of 65 years.

A maximum 16 persons can be accommodated under the residential category of care.

The Certificate of Registration issued by the Regulation and Quality Improvement Authority (RQIA), accurately reflected the categories of care and was appropriately displayed in the main entrance hall of the home.

## 8.0 Executive Summary

The unannounced secondary inspection of Ratheane Private Nursing Home was undertaken by Bridget Dougan on 14 December 2014 between 10.30 – 16.30 hours. The inspection was facilitated by Mrs Araceli Flores, Registered Manager, who was available for verbal feedback at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients/residents, relatives and staff who commented positively on the care and services provided by the nursing home. One relative and one staff member indicated some dissatisfaction with staffing levels. Staff duty rotas were reviewed and evidenced that staffing levels within the nursing units were in keeping with RQIA guidelines for Nursing Homes. A requirement has been made for a review of staffing levels in the residential unit as the inspection indicated a shortfall in the number of carers on duty between 1400 – 2000 hours.

As a result of the previous inspection conducted on 28 March 2014 five requirements and two recommendations were issued. These were reviewed during this inspection and evidence was available to confirm that four requirements and all recommendations have been fully complied with. One requirement was moving towards compliance and will therefore be stated for the second time.

Details can be viewed in the section immediately following this summary.

### Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The management of meals and meal times within the home was of a good standard and two requirements have been made in respect of care records and the management of fluid balance. One requirement and one recommendation have been made in respect of the staffing. The inspector's overall assessment of the level of compliance in this area is recorded as 'Moving towards compliance'.

The home's general environment was well maintained and patients/residents were observed to be treated with dignity and respect.

Therefore, three requirements and one recommendation have been made following this inspection. One further requirement has been stated for the second time. These are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients/residents, relatives, the registered manager and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-Up on Previous Issues – 03 June 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	21 schedule 2 (3)	<p>It is required that the registered person shall not employ a person to work at the nursing home unless two written references are requested and received by the home; one reference must be from the person's present or most recent employer.</p> <p>References must also be reviewed by the registered person/s and deemed acceptable, prior to the person commencing their employment.</p>	The inspector reviewed a sample of staff personnel records and can confirm that this requirement was fully compliant.	<b>Compliant</b>
2.	20 (1) (c) (i)	<p>It is required that all staff attend first aid/CPR training in accordance with mandatory training requirements.</p> <p>It is required that all staff attend safeguarding training in accordance with mandatory training requirements.</p>	Discussion with the registered manager and review of staff training records evidenced that this requirement was compliant.	<b>Compliant</b>
3.	24 (4)	It is required that the record of complaint shows that a response stating the outcome of the home's investigation had been communicated to the complainant.	The inspector examined the complaints records and evidenced that this requirement was compliant.	<b>Compliant</b>



		A record of the complainant's satisfaction regarding the result of any investigations and the action taken (if any) must also be included in the complaint record.		
4.	14 (2) (b)	A bed mattress should not be used as crash' or 'fall out' mattress' as they are not designed to be used in this way. Staff should be made aware of the risks they take if they use equipment outside of its purpose /use.	Inspection of the environment including a sample of patients' bedrooms evidenced that this requirement has been met.	<b>Compliant</b>
5.	27 (2) (c)	The registered person must review that the nurse call system to minimise unnecessary disruption and noise pollution for patients/residents.	Inspection of the nursing home environment and discussion with patients/residents and staff evidenced that this requirement had not been fully complied with. The registered manager recorded on the returned Quality Improvement Plan (QIP) that the nurse call system had been reviewed by engineers, however due to extensions over the years, it could not be adjusted. The inspector observed three different call tones (high pitched, continuous and intermittent) for different areas of the home. These three call tones, however sounded throughout the entire home, and sometimes at the same time. Concerns were raised by a number of staff and two patients/residents expressed dissatisfaction regarding the noise levels from the nurse call system.	<b>Moving towards compliance</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20.3	<p>It is recommended that the current policy documentation in respect of resuscitation is further developed to provide clear guidance of the frequency of review of the DNR directive, in keeping with the Resuscitation Council (UK) guidelines.</p>	<p>The inspector reviewed the restraint policy and can confirm that this recommendation had been complied with.</p>	<p><b>Compliant</b></p>
2.	20.4	<p>The registered manager should also be able to verify that an effective quality assurance process is in place to ensure that;</p> <ul style="list-style-type: none"> <li>• all staff receive update training in first aid/CPR as required</li> <li>• there are records of the evaluation of training provided</li> <li>• there is an effective process of deeming a staff member competent to carry out basic resuscitation techniques</li> <li>• there are records of any process / audit system in place to ensure the quality of care delivery</li> <li>• there are records of any</li> </ul>	<p>Review of a sample of nurse competency assessments confirmed that this recommendation had been complied with.</p>	<p><b>Compliant</b></p>

		action taken by the registered person/s to address identified deficits.		
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**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

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

There has been one notification to RQIA regarding a potential safeguarding of vulnerable adults (SOVA) incident since the previous inspection. This incident was investigated by Northern Health and Social Care Trust under Safeguarding Vulnerable Adults Policies and Procedures.

**10.0 Inspection Findings**

**STANDARD 12 - MEALS AND MEALTIMES**

**Patients/residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.**

<p><b>Criterion Assessed:</b> 12.1 Patients/residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>A policy and procedure was in place to guide and inform staff in regard to the management of nutrition and dietary intake. This policy and procedure was reflective of best practice guidance. Policy and procedure documents included information and guidance in relation to assessing dietary needs. For example; nutritional screening was undertaken using a validated assessment tool such as Malnutrition Universal Screening Tool (MUST). Prescribed diets, individual likes and dislikes and special requests were also included.</p> <p>A copy of The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes (2014) was available within the home and utilised to guide and inform staff.</p> <p>Review of the following records evidenced that patients/residents were provided with a nutritious and varied diet which meets their individual and recorded dietary needs and preferences:</p> <ul style="list-style-type: none"> <li>• The three weekly menu;</li> <li>• the patient/resident’s menu choice;</li> <li>• a sample of food intake charts;</li> <li>• nursing care records.</li> </ul> <p>Staff who met with the inspector during the inspection were knowledgeable regarding the individual dietary needs of patients/residents to include their likes and dislikes. During the meal staff were observed offering choices to patients/residents.</p> <p>Patients/residents who met with the inspector confirmed that they were satisfied with the quality, quantity and</p>	<p>Moving towards compliance</p>

presentation of meals. They also confirmed that special diets, and specific likes, dislikes and requests were satisfactorily catered for.

Review of four care records and discussion with staff evidenced that generally, the assessed needs of patients/residents were being met. Nutritional care plans were included for those patients/residents who require assistance at mealtimes, detailing the level of assistance required and how the identified needs would be met.

Review of one recently admitted patient's care record confirmed that a pre-admission assessment was completed and specific risk assessments (including a MUST assessment) had been completed following admission. Information received from the care management team informed the pre-admission assessment and confirmed that, due to a medical condition, the patient was on a restricted fluid intake of 1200 mls over 24 hours. However care plans had not been put in place to meet the patient's immediate care needs. A requirement has been made accordingly.

Review of food and fluid records evidenced that, on 13 December 2014, the patient had a fluid intake of 1650 mls over 24 hours. This was in excess of the restriction advised by other healthcare professionals.

Care records for this identified patient failed to evidence;

- a fluid balance chart had been maintained
- an effective reconciliation of the total fluid intake against the fluid target established
- action to be taken if targets were exceeded or not being achieved
- a record of reconciliation of fluid intake in the daily progress notes.

A requirement is made that these care record issues pertaining to fluid balance are addressed.

<p><b>Criterion Assessed:</b> 12.2 Patients/residents are involved in planning the menus.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The registered manager informed the inspector that the views of patients/residents in menu planning are obtained by :</p> <ul style="list-style-type: none"> <li>• food satisfaction questionnaires</li> <li>• patients/residents/relative meetings</li> <li>• discussion with the catering staff.</li> </ul>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 12.3 The menu either offers patients/residents a choice of meal at each mealtime or, when the menu offers only one option and the patient/resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The inspector met with the majority of patients/residents and seven members of staff during the inspection who confirmed that choices were available at each mealtime.</p> <p>The inspector having observed the lunch time meal service can confirm that the choices available on the three weekly menus were provided to patients/residents.</p> <p>A choice was also offered to patients/residents on a therapeutic diet.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 12.4 The daily menu is displayed in a suitable format and in an appropriate location, so that patients/residents, and their representatives, know what is available at each mealtime.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b> The inspector can confirm that the daily menu was displayed in a suitable format and in an appropriate location, so that patients/residents, and their representatives know what is available at each mealtime.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>Discussion with the registered manager confirmed that meals are served at appropriate intervals throughout the day and in keeping with best practice guidance contained within The Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes (2014).</p> <p>A choice of hot and cold drinks and a variety of snacks which met individual dietary requirements/ therapeutic diets were offered mid-morning, afternoon and supper times.</p> <p>The inspector observed that a choice of fluids which included fresh drinking water were available and refreshed regularly. Staff were observed offering patients/residents fluids throughout the day.</p> <p>Three patients/residents who responded to questionnaires issued by RQIA confirmed that, in their opinion, the quality/choice and variety of food was of a high standard. They were also satisfied with the flexibility of mealtimes and availability of snacks between meals.</p>	Compliant
<p><b>Criterion Assessed:</b> 12.6 Patients/residents can have a snack or drink on request, or have access to a domestic style kitchen.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>Catering staff are available in the home from 8am to 6pm and provide snacks to patients/residents and their families as requested. The cook confirmed that in the absence of the catering staff, the kitchen is accessible to all staff and snacks are provided by care staff as requested.</p>	Compliant
<p><b>Criterion Assessed:</b> 12.7 Menus provide for special occasions.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>The registered manager informed the inspector that traditional fayre is served at Easter, Christmas and other special occasions.</p> <p>Menus are provided to cover special occasions or activities.</p>	Compliant



<p><b>Criterion Assessed:</b> 12.8 Patients/residents are consulted and their views taken into account regarding the home's policy on "take away" foods.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> This criterion was not reviewed during this inspection.</p>	Not inspected
<p><b>Criterion Assessed:</b> 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each patient/resident's needs</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> The inspector observed the serving of lunch time meal.</p> <p>Observation confirmed that meals were served in suitable portion sizes, and presented in a way and in a consistency that meets each patient/resident's needs. The inspector observed staff offering patients choice at the point of service. This is good practice.</p> <p>Patients/residents requiring a meal pureed were served the meal in a manner that allowed different foods and flavours to be recognised.</p> <p>The inspector discussed with catering staff their knowledge of how to modify diets in line with prescribed nutritional care.</p>	Compliant
<p><b>Criterion Assessed:</b> 12.10 Staff are aware of any matters concerning patients/residents' eating and drinking as detailed in each patient/resident's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: -</p> <ul style="list-style-type: none"> <li>• Risks when patients/residents are eating and drinking are managed</li> <li>• Required assistance is provided</li> <li>• Necessary aids and equipment are available for use.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Discussion with staff and a review of care records evidenced that individually assessed needs in regard to eating and drinking were identified for the majority of patients. The inspector was unable to evidence a nutritional care plan to meet the immediate care needs of one recently admitted patient/resident as discussed in criterion 12.1.</p>	Substantially compliant

<p>Care staff were knowledgeable regarding specific needs of patients/residents to include any risks identified, assistance required and any necessary aids and equipment.</p> <p>Training records reviewed confirmed that staff had attended training in:</p> <ul style="list-style-type: none"> <li>• feeding techniques;</li> <li>• swallow awareness;</li> <li>• use of fluid thickeners;</li> <li>• appropriate use of aids or equipment;</li> <li>• how to support and assist a patient/resident who is choking.</li> </ul> <p>Observation of the lunch time meal confirmed that meals were served promptly and assistance required by patients/residents was delivered in a timely manner.</p> <p>Staff were observed:</p> <ul style="list-style-type: none"> <li>• preparing the patients/residents for their meal</li> <li>• seated appropriately when offering assistance</li> <li>• offering choice of food condiments and fluids</li> <li>• offering an explanation of the meal served.</li> </ul>	
<p><b>Criterion Assessed:</b> 12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient/resident is satisfactory.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>A record was kept of the choices provided during each meal time. This record provided sufficient detail to enable the inspector to judge whether the diet for each patient/resident was satisfactory.</p> <p>Variations to the planned menu had been/had been recorded by staff.</p> <p>There were systems in place to record and monitor the food and fluid intake of patients/residents assessed as being 'at risk' of dehydration or malnutrition. However, as previously discussed, improvements are required in the systems to record and monitor the fluid intake of a recently admitted patient/resident at risk of fluid overload.</p> <p>The registered manager confirmed that the weighing equipment in the home are calibrated at least annually plus as</p>	Substantially compliant

<p>required.</p> <p>The inspector reviewed six patients/residents'/residents' food and fluid records for a three day period and found that all were completed in sufficient detail.</p> <p>Review of three care records evidenced that nurses were evaluating patient/residents intake records on a daily basis.</p>	
<p><b>Criterion Assessed:</b>          12.12 Where a patient/resident's care plan requires, or when a patient/resident is unable, or choses not, to eat a meal, a record is kept of all food and drinks consumed. Where a patient/resident is eating excessively, a similar record is kept. All such occurrences are discussed with the patient/resident and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b>          As indicated in criterion 12.11 daily records of food and fluid intake were being maintained, however a fluid balance chart was not in place for one recently admitted patient assessed as being at risk of fluid overload.</p> <p>The four care records reviewed evidenced discussions had been held with patients/residents to inform them of the importance of eating and drinking in sufficient amounts to promote their own health. Where patients/residents were no longer able to be involved in planning and agreeing their care, the records evidenced representative involvement in discussion regarding food and fluid intake.</p> <p>Staff members spoken with were knowledgeable regarding the indicators and referral process to involve relevant professionals.</p> <p>The care records viewed contained recommendations made following assessment by the relevant specialist health professionals. Following observation of practice, care records, discussion with the majority of patients/residents and seven members of staff, the inspector concluded that, in general, the recommendations made other professionals were being adhered to. As previously stated, the recommendations made with regard to fluid restriction for one recently admitted patient/resident had not been adhered to on one occasion.</p>	Substantially compliant

<p><b>Criterion Assessed:</b> 12.13 Menus are rotated over a three-week cycle and revised at least six-monthly, taking into account seasonal availability of foods and patients/residents' views.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that the home operated a <i>three weekly</i> menu cycle. The menu was formally reviewed every <i>six months</i> and reflected seasonal variations.</p> <p>The date of the menu review had been recorded providing traceable information.</p> <p>As previously discussed in 12.2, the registered manager confirmed that there was a process for obtaining patient/resident's views.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 12.14 Variations to the menu are recorded.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>As previously discussed in criterion 12.11, staff recorded variations to the planned menu/menu choice sheet.</p> <p>The inspector evidenced from these records that overall the planned menu was adhered to, with variations being recorded for unavoidable situations.</p>	<p>Compliant</p>

<p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p>	<p><b>Moving towards compliance</b></p>
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## 11.0 Additional Areas Examined

### 11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients/residents and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients/residents requests promptly. The demeanour of patients/residents indicated that they were relaxed in their surroundings.

### 11.2 Patients/Residents and Relatives Comments

During the inspection the inspector spoke with 20 patients/residents individually and with the majority of others in smaller groups. Three patients/residents completed questionnaires.

Patients spoken with and the questionnaire responses confirmed that patients/residents were treated with dignity and respect, that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner, that the food was good and plentiful and that they were happy living in the home. The inspector also met with three relatives who also completed questionnaires. Relatives were very complimentary of the care and services provided. One relative indicated in the questionnaire that sometimes staff have enough time to give care and treatment. This was discussed with the registered manager and a requirement has been made for a review of staffing levels in the residential unit.

Some comments received from patients/residents and relatives:

- “The quality of care I receive is good.”
- “I feel safe in this home.”
- “Staff are always polite to me.”
- “The home is a happy and welcoming place.”
- “Staff have enough time to give care and treatment (sometimes).”

### 11.3 Staffing/Staff Comments

Review of a sample of staff duty rosters evidenced that the registered nursing and care staffing levels in the nursing units were found to be in line with the RQIA’s recommended minimum staffing guidelines for the number of patients currently in the home.

The inspector reviewed care staff levels in the residential unit and evidenced the following staffing profile for that unit:

0800 – 1400 hours: one senior carer and one carer  
 1400 – 2000 hours: one senior carer  
 2000 – 0800 hours: one senior carer

Twelve residents were accommodated in the residential unit at the time of the inspection.

According to RQIA Staffing Guidance for Residential Care Homes (2009), two or three care staff should be on duty during the day for the number of residents accommodated. This was

discussed with the registered manager who agreed to review the staffing levels in the residential unit between 1400 – 2000 hours. A requirement has been made in this regard.

Review of duty rotas for weeks commencing 24 November 2014, 01 December 2014, 08 December 2014 and 15 December 2014 evidenced that a senior carer had worked 0800 – 2000 hour shifts for nine consecutive days. This was discussed with the registered manager with regard to Working Time Directive Regulations. The inspector was informed that a management plan was in place for any staff who opted out of the Working Time Directive. A recommendation has been made for the registered manager to review the excess hours worked by some staff members to ensure there is no negative impact on the health and safety of patients/residents or staff.

The inspector met with seven staff during the inspection and four staff also completed questionnaires. Staff informed the inspector that they were provided with a variety of relevant training including mandatory training since the previous inspection. All staff were very satisfied with the level of care provided to patients/residents. One staff member however, expressed dissatisfaction with the time available to listen and talk to patients. A requirement has been made for a review of staffing in the residential unit.

The following are examples of staff comments during the inspection and in questionnaires:

- “Patients are treated with dignity and respect.”
- “It is nice when a resident or family member thanks you for your work.”
- “Residents tell me that they feel safe and looked after well and are happy in the home.”

#### **11.4 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients/residents’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed Mrs Araceli Flores, Registered Manager, 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.

Where the inspection resulted in no recommendations or requirements being made the provider/manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

**Bridget Dougan**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**

**Appendix 1**

<b>Section A</b>	
<p><b>Theme 1: Assessing and Monitoring the Quality of Service Provision.</b>  <b>The quality and safety of services provided in the home is monitored by the registered provider in line with regulations and minimum standards to ensure that the needs of patients/residents are met.</b></p>	
<p><b><u>Who carries out the Regulation 29 unannounced visit and how often:</u></b></p> <p><b>Criterion Assessed:</b></p> <p>Regulation 29.—(1) Where the registered provider is an individual, but not in day-to-day charge of the nursing home, he shall visit the home in accordance with this regulation.</p> <p>(2) Where the registered provider is an organisation or partnership, the nursing home shall be visited in accordance with this regulation by –</p> <p>(a) the responsible individual or one of the partners, as the case may be; .                      (b) another of the directors or other persons responsible for the management of the organisation or partnership; or                      (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the nursing home.</p> <p>(3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Registered Providers visit the home on a weekly basis as well as carrying out a monthly inspection as per regulation 29.</p>	<p>Compliant</p>



<b>Section B</b>	
<p><b>Theme 1: Assessing and Monitoring the Quality of Service Provision.</b>  <b>The quality and safety of services provided in the home is monitored by the registered provider in line with regulations and minimum standards to ensure that the needs of patients/residents are met.</b></p>	
<p><b>The content and process of Regulation 29 unannounced visit:</b></p> <p><b>Criterion Assessed:</b></p> <p>Regulation 29 (4) The person carrying out the visit shall –</p> <p>(a) interview, with their consent and in private, such of the patients and their representatives and persons working at the nursing home as appears necessary in order to form an opinion of the standard of nursing provided in the home;                      (b) inspect the premises of the nursing home, its record of events and records of any complaints; and                      (c) prepare a written report on the conduct of the nursing home.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self Assessment:</b></p>	
<p>Registered providers carry out a weekly visit to the home as well as monthly where they interview patients, relatives and staff. Records of events or complaints and accidents are reviewed and any recommendations are forwarded to the home manager</p>	Compliant
<b>Section C</b>	
<p><b>Theme 1: Assessing and Monitoring the Quality of Service Provision.</b>  <b>The quality and safety of services provided in the home is monitored by the registered provider in line with regulations and minimum standards to ensure that the needs of patients/residents are met.</b></p>	
<p><b>Availability of the Regulation 29 unannounced visit report:</b></p> <p><b>Criterion Assessed:</b></p> <p>Regulation 29 (5) and (6)</p> <p>(5) The registered provider shall maintain a copy of the report required to be made under paragraph (4)(c) in the home</p>	<b>COMPLIANCE LEVEL</b>

<p>and make it available on request to –</p> <ul style="list-style-type: none"> <li>(a) the Regulation and Improvement Authority;</li> <li>(b) the registered manager;</li> <li>(c) the patient or their representative;</li> <li>(d) an officer of the Trust in the area of which the nursing home is situated.</li> </ul> <p>(6) In the case of a visit under paragraph (2) –</p> <ul style="list-style-type: none"> <li>(a) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and</li> <li>(b) where the registered provider is a partnership, to each of the partners.</li> </ul>	
<p><b>Provider's Self Assessment:</b></p>	
<p>Copies of providers reports are kept in the home and are readily available on request.</p>	<p>Compliant</p>
<p><b>Section D</b></p>	
<p><b>Theme 1: Assessing and Monitoring the Quality of Service Provision.</b>  <b>The quality and safety of services provided in the home is monitored by the registered provider in line with regulations and minimum standards to ensure that the needs of patients/residents are met.</b></p>	
<p><b>Standard 25.12</b></p> <p><b>Criterion Assessed:</b></p> <p>The registered person monitors the quality of services in accordance with the home’s written procedures, and completes a monitoring report on a monthly basis. This report summarises any comments made by patients about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self Assessment:</b></p>	
<p>The registered person monitors the quality of services provided, makes a summary of comments made by patients and representatives and reviews actions taken by registered manager.</p>	<p>Compliant</p>

<b>Section E</b>	
<b>Theme 1: Assessing and Monitoring the Quality of Service Provision.</b>	
<b>The quality and safety of services provided in the home is monitored by the registered provider in line with regulations and minimum standards to ensure that the needs of patients/residents are met.</b>	
<b>Standard 25.13</b>	<b>COMPLIANCE LEVEL</b>
<b>Criterion Assessed:</b>	
The quality of services provided is evaluated on at least an annual basis, a report prepared and follow-up action taken. Key stakeholders are involved in this process.	
<b>Provider's Self Assessment:</b>	
Quality of services are regularly evaluated and actioned as soon as possible, as well a yearly report is done.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

**Theme 2 – Safeguarding of Vulnerable Adults**

**Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.**

<p><b>Standard 16.1</b> <b>Criterion Assessed:</b></p> <p>Procedures for protecting vulnerable adults are in accordance with, DHSSPS guidance, regional protocols and local procedures issued by the Health and Social Care Board and Trusts.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>Procedures for the protection of vulnerable adults are in accordance with current legislation, DHSSPS guidance regional and local protocols issued by Health &amp; Social Boards and Trusts.</p>	<p>Compliant</p>
<p><b>Standard 16.2</b> <b>Criterion Assessed:</b></p> <p>The procedures for protecting vulnerable adults are included in the induction programme for staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>Protection of Vulnerable adults training is provided to all staff during their induction programme</p>	<p>Compliant</p>
<p><b>Standard 16.3</b> <b>Criterion Assessed:</b></p> <p>Staff have completed training on and can demonstrate knowledge of:</p> <ul style="list-style-type: none"> <li>• Protection from abuse</li> <li>• Indicators of abuse</li> <li>• Responding to suspected, alleged or actual abuse</li> <li>• Reporting suspected alleged or actual abuse.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self Assessment:</b>	
All staff can demonstrate knowledge of safeguarding of vulnerable adults. This includes protection from abuse, indications of abuse, responding to suspected, alleged or actual abuse and reporting of suspected alleged or actual abuse	Substantially compliant
<b>Standard 16.4</b>	<b>COMPLIANCE LEVEL</b>
<b>Criterion Assessed:</b>	
All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation.	
<b>Provider's Self Assessment:</b>	
All suspected, alleged or actual incidents of abuse are reported to RQIA, GP, family and care manager and relevant agencies in accordance with procedures and legislation.	Compliant
<b>Standard 16.5</b>	<b>COMPLIANCE LEVEL</b>
<b>Criterion Assessed:</b>	
All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.	
<b>Provider's Self Assessment:</b>	
All alleged or actual incidents of abuse are actioned and investigated immediately in accordance with procedures.	Compliant
<b>Standard 16.8</b>	<b>COMPLIANCE LEVEL</b>
<b>Criterion Assessed:</b>	
Where shortcomings in systems are highlighted as a result of investigation, identified safeguards are in place.	
<b>Provider's Self Assessment:</b>	
Should shortcomings in systems be highlighted as a result of investigation safeguards are in place	Compliant

<b>Theme 2 – Safeguarding of Vulnerable Adults</b> <b>Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</b>	
<b>Standard 16.9</b>  <b>Criterion Assessed:</b>  Refresher training on the protection of vulnerable adults is provided for staff at least every three years.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self Assessment:</b>  Refresher training for the protection of vulnerable adults is provided at least yearly for best practice.	Compliant
<b>Theme 2 – Safeguarding of Vulnerable Adults</b> <b>Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</b>	
<b>Standard 10.7</b>  <b>Criterion Assessed:</b> Restraint is only used as a last resort by appropriately trained staff to protect the patient or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self Assessment:</b>  Restraints are only used as a last resort by trained staff. This is put in use with advice/agreement with patient and family. It is also recorded in patients care plan along with written consent from next of kin.	Compliant

<p><b>Theme 2 – Safeguarding of Vulnerable Adults</b>  <b>Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</b></p>	
<p><b>Standard 17.3</b></p> <p><b>Criterion Assessed:</b></p> <p>Where a complaint relates to abuse, exploitation or neglect, the Regional ‘Safeguarding Vulnerable Adults Policy and Procedural Guidance and the associated Protocol for Joint Investigation of Alleged or Suspected cases of abuse of vulnerable adults should be activated.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>The regional safeguarding of Vulnerable Adults Policy and Procedural Guidance and the associated protocol for Joint Investigation of Alleged or Suspected cases of abuse is activated where a complaint relates to abuser exploitation or neglect.</p>	<p>Compliant</p>
<p><b>Theme 2 – Safeguarding of Vulnerable Adults</b>  <b>Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</b></p>	
<p><b>Standard 25.20</b></p> <p><b>Criterion Assessed:</b></p> <p>There is a written policy on “Whistle Blowing”, and written procedures that identify to whom staff report concerns about poor practice.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>There is a written policy on "Whistle Blowing" and procedures that identify to whom staff should report their concerns about poor practice</p>	<p>Compliant</p>

<b>Theme 2 – Safeguarding of Vulnerable Adults</b>	
<b>Patients and residents are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</b>	
<b>Standard 25.21</b>	<b>COMPLIANCE LEVEL</b>
<b>Criterion Assessed:</b>	
There are appropriate mechanisms to support staff in reporting concerns about poor practice.	
<b>Provider’s Self Assessment:</b>	
Systems are in place to support staff who report concerns about poor practice.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



**STANDARD 5- NURSING CARE**

**Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

**The focus of inspection within Standard 5 will be ‘wound care’.**

<p><b>Standard 5.1</b></p> <p><b>Criterion Assessed:</b></p> <p>At the time of each patient’s admission to the home, a nurse carries out and records an initial risk assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>On admission an initial risk assessment is carried out using the Roper and Tierney Loganmodel. Information from the care management team is also integrated to draw up care plan to meet patients,</p>	<p>Compliant</p>
<p><b>Standard 5.2</b></p> <p><b>Criterion Assessed:</b></p> <p>A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>Comprehensive holistic assessment of patients care needs is carried out and completed within 11 days of admission.</p>	<p>Compliant</p>

**STANDARD 5- NURSING CARE**

**Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

**The focus of inspection within Standard 5 will be ‘wound care’.**

<p><b>Standard 11.1</b></p> <p><b>Criterion Assessed:</b></p> <p>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible, and on admission to the home.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>Pressure ulcer risk assessment using Braden Scale is carried out for each patient prior to admission and on admission to the home.</p>	<p>Compliant</p>
<p><b>Standard 5.3</b></p> <p><b>Criterion Assessed:</b></p> <p>A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professionals.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>On admission the nurse admitting the patient developes care plans that reflect the patients needs, these care plans are discussed with patients and their next of kin. Care plans reflect where referrals have been done to the appropriate professionals i.e. SALT, Physio, Occupational therapist, Podiatry, Dietician and Tissue Viability Nurse.</p>	<p>Compliant</p>

**STANDARD 5- NURSING CARE**

**Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

**The focus of inspection within Standard 5 will be ‘wound care’.**

<p><b>Standard 11.2</b></p> <p><b>Criterion Assessed:</b></p> <p>There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>Referral arrangements are in place to obtain advice and support from the multidisciplinary team.</p>	<p>Compliant</p>
<p><b>Standard 11.3</b></p> <p><b>Criterion Assessed:</b></p> <p>Where a patient is assessed as ‘at risk’ of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual’s needs and comfort is drawn up and agreed with relevant professionals.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p> <p>A treatment plan is drawn up after liasing with relevant professionals for patients at risk of developing pressure ulcers. This is documented in the patients care plan.</p>	<p>Compliant</p>

**STANDARD 5- NURSING CARE**

**Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

**The focus of inspection within Standard 5 will be ‘wound care’.**

<p><b>Standard 5.4</b></p> <p><b>Criterion Assessed:</b></p> <p>Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>Reassessment is done on a daily basis, care plans are updated monthly and as needs change.</p>	<p>Compliant</p>
<p><b>Standard 5.5</b></p> <p><b>Criterion Assessed:</b></p> <p>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self Assessment:</b></p>	
<p>All nursing interventions, activities and procedures are supported by research evidence and guidelines. The Braden pressure ulcer risk assessment tool is in use. The home has started implementation of the MUST Tool. In current use is the Community Nutritional Risk Scoring Tool.</p>	<p>Moving towards complian</p>

<b>STANDARD 5- NURSING CARE</b>	
<p><b>Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b></p> <p style="text-align: center;"><b>The focus of inspection within Standard 5 will be ‘wound care’.</b></p>	
<b>Standard 11.4</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Criterion Assessed:</b></p> <p>A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</p>	
<b>Provider’s Self Assessment:</b>	
<p>Braden Pressure ulcer risk assessment is used to screen patients who are at risk of skin damage. Treatment plan is implemented using this tool.</p>	Compliant
<b>Standard 5.6</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Criterion Assessed:</b></p> <p>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</p>	
<b>Provider’s Self Assessment:</b>	
<p>All nursing care records are kept in the home. This includes care, food and drinks provided and records of referrals and their outcomes.</p>	Compliant

<b>STANDARD 5- NURSING CARE</b>	
<p><b>Patients receive safe, effective nursing care based on an holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b></p> <p style="text-align: center;"><b>The focus of inspection within Standard 5 will be ‘wound care’.</b></p>	
<p><b>Standard 5.7</b></p> <p><b>Criterion Assessed:</b></p> <p>The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self Assessment:</b></p> <p>Care delivery is monitored and recorded on a daily basis by nursing staff. Care Manager, Patients/relatives reviews are done annually or on request. Patient and relatives are kept informed of any changes.</p>	
<p><b>Standard 11.7</b></p> <p><b>Criterion Assessed:</b></p> <p>Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self Assessment:</b></p> <p>Staff have updated training on wound management. Where required referrals are done to Tissue Viability Nurse for further advise.</p>	

<b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

**Appendix 2**

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

<p><b>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</b></p>	<p><b>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</b></p>
<ul style="list-style-type: none"> <li>• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally)</li> <li>• Checking with people to see how they are and if they need anything</li> <li>• Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task</li> <li>• Offering choice and actively seeking engagement and participation with patients</li> <li>• Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used were appropriate</li> <li>• Smiling, laughing together, personal touch and empathy</li> <li>• Offering more food/ asking if finished, going the extra mile</li> <li>• Taking an interest in the older patient as a person, rather than just another admission</li> <li>• Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away</li> <li>• Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others</li> </ul>	<p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>



<p><b>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</b></p>	<p><b>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</b></p>
<p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Putting plate down without verbal or non-verbal contact</li> <li>• Undirected greeting or comments to the room in general</li> <li>• Makes someone feel ill at ease and uncomfortable</li> <li>• Lacks caring or empathy but not necessarily overtly rude</li> <li>• Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact</li> <li>• Telling someone what is going to happen without offering choice or the opportunity to ask questions</li> <li>• Not showing interest in what the patient or visitor is saying</li> </ul>	<p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Ignoring, undermining, use of childlike language, talking over an older person during conversations</li> <li>• Being told to wait for attention without explanation or comfort</li> <li>• Told to do something without discussion, explanation or help offered</li> <li>• Being told can’t have something without good reason/ explanation</li> <li>• Treating an older person in a childlike or disapproving way</li> <li>• Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’)</li> <li>• Seeking choice but then ignoring or over ruling it</li> <li>• Being angry with or scolding older patients</li> <li>• Being rude and unfriendly</li> <li>• Bedside hand over not including the patient</li> </ul>

**References**

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. International Journal of Geriatric Psychiatry Vol \*pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



**Quality Improvement Plan**

**Secondary Unannounced Care Inspection**

**Ratheane Private Nursing Home**

**14 December 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 Mrs Araceli Flores, Registered Manager, either during or after the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	16 (1)	<p>The registered person must ensure that at the time of each patient/residents admission to the home, a nurse draws up an agreed care plan to meet the patients/residents immediate care needs.</p> <p><b>Reference: Section 10; Criterion 12.1</b></p>	One	Registered Manager has reviewed processes to ensure that on admission residents care plans are drawn up to reflect their needs. An audit system is in place to ensure these are carried out.	From the date of this inspection
2	16 (2)	<p>The registered person must ensure that care plans are kept under review and are put in place:</p> <ul style="list-style-type: none"> <li>• in response to assessed need</li> <li>• to incorporate recommendations made by other professionals.</li> </ul> <p>Corresponding fluid intake charts should reflect individualised patient need and ensure the following:</p> <ul style="list-style-type: none"> <li>• the total fluid intake for the patient over 24 hours</li> <li>• an effective reconciliation of the total fluid intake against the fluid target established</li> <li>• action to be taken if targets are not achieved</li> <li>• a record of reconciliation of fluid intake in the daily progress notes.</li> </ul>	One	<p>Registered Manager will ensure regular audits are carried out to ensure staff comply with residents assessed need and incorporate recommendations from other professionals.</p> <p>Patients fluid intake is to be recorded in patients daily progress notes Total fluid intake is reconciled against the target and ensure new fluid balance sheet in place with target fluid on each sheet for patients. Staff made aware that action is required to contact GP re fluid intake</p>	From the date of this inspection

		<b>Reference: Section 10; Criterion 12.1</b>			
3	20 (1)	The registered person should review staffing levels in the residential care unit to ensure there is sufficient staff on duty at all times to meet the assessed care needs of all residents.  <b>Reference: Section 11.3</b>	One	Staffing levels for the residential unit has been reviewed and actioned as per minimum staffing levels for residential homes.	From the date of this inspection
4	27 (2) (c)	The registered person must review that the nurse call system to minimise unnecessary disruption and noise pollution for patients/residents.  <b>Reference: Follow up on previous issues</b>	Two	Engineers have been reviewing the nurse call system in view of minimising noise pollution for patients/residents and parts have been ordered.	Within one month from date of this inspection

**Recommendations**

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

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30.1	<p>A recommendation has been made for the registered manager to review the excess hours worked by some staff members to ensure there is no negative impact on the health and safety of patients/residents or staff.</p> <p><b>Reference: Section 11.3</b></p>	One	Staff members hours have been reviewed and kept under close supervision to ensure the health and safety of patients/residents or staff	From the date of this inspection

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Araceli Flores
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mary Macklin

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	B. Dougan	18 February 2015
Further information requested from provider			