

Unannounced Care Inspection Report 19 and 20 April 2017



Ratheane Private Nursing Home

Type of Service: Nursing Home
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
Tel no: 02870344299
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ratheane took place on 19 April 2017 from 09.00 hours to 16.00 hours. A second day of inspection took place on 20 April 2017 from 09.00 hours to 13.00 hours and was announced.

A variation application for the registration of three additional bedrooms was submitted to RQIA on 30 November 2016. The submitted variation also included a plan of scheduled works to improve the environment of the home. These planned works included major structural changes to the premises where existing rooms were converted to bedrooms and bathrooms. The inspection sought to assess compliance with the requirements of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015; and to assess the readiness of the additional three bedrooms, from a care perspective, to accommodate patients and also to review the additional environmental improvements.

The inspection also sought to assess progress with any issues raised 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.

Following an inspection of the environment and discussion with the registered persons the registration of the three additional bedrooms has been approved for registration from a care perspective by RQIA. An inspection of the premises from an estates perspective was also undertaken and has been reported under separate cover.

Is care safe?

There were areas of good practice identified throughout the inspection in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; and risk management processes.

Areas for improvement were identified in relation to the accurate recording of staff deployment; and in relation to the further development of the recruitment process.

Is care effective?

There were examples of good practice found throughout the inspection generally in relation to the care records and review of care delivery.

An area for improvement was identified in relation to the engagement processes of management with patients and relatives.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, treating patients with dignity and respect.

A number of comments from the consultation process and the returned questionnaires are included in the main body of the report. An area for improvement has been identified in relation to the provision of snacks for patients who require modified diets.

Is the service well led?

There was evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents, quality improvement and maintaining good working relationships.

Although there were systems were in place to monitor and report on the quality of nursing and other services provided, two recommendations that were previously made were not met and improvements are still required in these areas. Improvement also needs to be made in the recording of the clinical hours worked by the registered manager.

The term 'patients' is used to describe those living in Ratheane which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	*6

*The total number of recommendations above includes two recommendations that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Araceli Flores, registered manager and Mary Macklin, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Following an inspection of the environment and discussion with the registered persons the registration of the three additional bedrooms has been approved for registration from a care perspective by RQIA.

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. Refer to section 4.3 for further detail.

2.0 Service details

Registered organisation/registered person: Ratheane Mr Brian Macklin and Mrs Mary Macklin	Registered manager: Mrs Araceli Flores
Person in charge of the home at the time of inspection: Mrs Araceli Flores	Date manager registered: 2 September 2014
Categories of care: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E) Up to a maximum of 16 Residential beds.	Number of registered places: 79

3.0 Methods/processes

Prior to inspection we analysed the following information:

- the registration status of the home
- the variation application and supporting documentation submitted to RQIA
- records of correspondence with the registered persons
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

In relation to assessing the environmental changes made to accommodate the additional three bedrooms; and other structural changes made to the home, the following information was examined during the inspection:

- discussion with Brian Macklin and Mary Macklin, registered persons
- discussion with Araceli Flores, registered manager
- an inspection of the new bedrooms and other facilities
- review of the home's statement of purpose
- review and discussion of proposed staffing arrangements
- evaluation and feedback.

A poster was also displayed in the home, inviting feedback from patients and their representatives. During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Questionnaires were distributed to patients, relatives and staff. We also met with ten patients, six care staff, two registered nurses and six patients' representatives.

The following information was also examined during this inspection included:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- six patient care records
- staff training records for 2016/2017
- accident and incident records
- audits in relation to care records and falls
- records relating to adult safeguarding
- one staff recruitment and selection record
- complaints received for 2016/2017
- staff induction, supervision and appraisal records
- records pertaining to NMC and NISCC registration checks
- minutes of staff meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1) (a) Stated: First time	The registered persons must ensure that the care and treatment provided meets the patients' individual assessed needs. This relates particularly to the care of patients with indwelling urinary catheters.	Met
	Action taken as confirmed during the inspection: There were clear records available regarding the ongoing management of catheter care.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4.9 Stated: Second time	It is recommended that nursing and care staff are aware of the requirements for record keeping in relation to care charts.	Met
	Action taken as confirmed during the inspection: Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.	
Recommendation 2 Ref: Standard 41 Stated: First time	The registered persons should ensure that short-notice absenteeism is proactively addressed, to ensure that the staff are supported to deliver safe and effective care.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that absenteeism was being actively managed in line with the home's new policy and procedures. A review of the staffing rota for the week commencing 10 April 2017 evidenced that the planned staffing levels were generally adhered to.	
Recommendation 3 Ref: Standard 39 Stated: First time	The registered persons should ensure that competency and capability assessments are completed on an annual basis, for registered nurses who have the responsibility of being in charge of the home, in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: Review of one record and discussion with staff confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.	

Recommendation 4 Ref: Standard 12.11 Stated: First time	<p>The registered persons should ensure that there are adequate numbers of staff present when meals are served to ensure that required assistance is provided; and that risks are managed appropriately.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation on the day of inspection and discussion with patients confirmed that there were sufficient staff present in the dining room to assist patients with their meals, as required.</p>	Met
Recommendation 5 Ref: Standard 23 Stated: First time	<p>The registered persons should ensure that the care plans include the prescribed regimen for dressing changes. Care records should also be supported by the use of photography in keeping with the home's policies and procedures and the National Institute of Clinical Excellence (NICE) guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: Where a patient had a wound, there was evidence that the prescribed regimen was included in the care plan. Wound photography was also in place.</p>	
Recommendation 6 Ref: Standard 4 Stated: First time	<p>The registered persons should ensure that care plans are developed, in response to acute infections, whereby patients have been prescribed antibiotics.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of patient care records confirmed that care plans had not been consistently developed in response to acute infections.</p> <p>This recommendation was not met and has been stated for the second time.</p>	Not Met
Recommendation 7 Ref: Standard 4.5 Stated: First time	<p>A recommendation has been made that care plans are developed in partnership with the patients and/or their representatives.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the care records; and discussion with patients and their representatives confirmed that they were involved in the development of the care plans.</p>	

Recommendation 8 Ref: Standard 11 Stated: First time	The registered persons should ensure that social care plans are developed, to ensure that patients' social care needs were met individually.	Met
	Action taken as confirmed during the inspection: Person centred care plans were in place to address the patients' social care needs.	
Recommendation 9 Ref: Standard 41.7 Stated: First time	The registered persons should ensure that a record is maintained of the name of the person in charge of the home, in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: There was a system in place to identify the person in charge of the home, in the absence of the registered manager.	
Recommendation 10 Ref: Standard 35.4 Stated: First time	The registered persons should ensure that the system for auditing care records is evidentially reviewed to ensure that the deficits identified in this inspection are continually monitored. This refers specifically to the auditing of patients' risk assessments and care plans; and the auditing of personal care records.	Not Met
	Action taken as confirmed during the inspection: Although there was a system in place to audit care records, the system was not sufficiently robust and had not identified shortfalls in relation to the reassessment of patients when their needs had changed. The review of the care record audits also confirmed that identified actions had not been followed up in a timely manner. This recommendation was not met and has been stated for the second time.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home. A review of the staffing rota for week commencing 10 April 2017 evidenced that the planned staffing levels were not consistently adhered to. For example, on two evenings in the week prior to the inspection, there was no carer on duty on the twilight shift. The registered manager explained that there had been difficulties recruiting care staff to work the twilight shift and that some care staff were currently going through the appropriate checks before starting in post. Three staff consulted with also stated that they felt under pressure and that they would like to be able to pay more attention to detail, when helping patients with their personal care needs. There was

also an arrangement in place for a care staff member to work between the two nursing units on the afternoon shift, on alternate days. Staff consulted with stated that this posed difficulties for them in delivering care in a timely manner. This arrangement of staff deployment was also not reflected in the staff allocation record. This was discussed with the registered manager. A recommendation has been made in this regard. Further detail in relation to the registered manager's working patterns is discussed in section 4.6.

The registered manager also explained that there were currently two registered nurse vacancies and that one registered nurse was due to commence employment in the near future. These vacancies were currently being filled by the registered manager and deputy manager. The planned staffing arrangements for the increase in occupancy, was discussed at length with the management team and will be reviewed and monitored at future care inspections.

Staff recruitment information was available for inspection and records were mostly maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks and two written references were sought, received and reviewed prior to staff commencing work. However, there was no explanation recorded for gaps in employment histories. This was discussed with the registered manager. A recommendation has been made in this regard.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The registered manager had also signed the record to confirm that the induction process had been satisfactorily completed.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals.

A training matrix had been developed which provided clear information to enable the registered manager to review staff training and see when updates/refresher training were due. The review of the training matrix confirmed that the majority of staff had received training in all mandatory areas; this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

RQIA also reviewed the evidence available in respect of a serious adverse incident (SAI) which occurred since the previous care inspection. A review of records confirmed that training had been provided to all staff, to prevent recurrence.

Review of six patient care records evidenced that a range of validated risk assessments were generally completed as part of the admission process and reviewed as required. However, one patient's care record had not been reviewed following a change in their condition. Refer to section 4.4 for further detail.

A review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed. Falls risk assessments and care plans were generally completed following each incident, care management and patients' representatives were notified appropriately. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

The new bedrooms were found to be presented to a good standard of décor and met the standards E18 – E22 as outlined in the DHSSPS Care Standards for Nursing Homes, 2015. The furniture was of good quality and suitable for the needs of patients. The en-suite bathrooms were presented to a satisfactory standard. Patients had access to a bedside light, call bell and lockable space. Other improvements had been made to the environment, where rooms had been converted into bedrooms and bathrooms. The improvements were carried out to a high standard and enhanced the environment of the home for patients, their representatives and staff. No issues were identified. All other areas of the home were found to be clean, reasonably tidy, well decorated and warm throughout.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

Areas for improvement were identified in relation to the accurate recording of staff deployment; and in relation to the further development of the recruitment process.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

A review of six patient care records evidenced that a range of validated risk assessments were generally completed as part of the admission process and were reviewed as required. However, one identified patient's risk assessments and care plans were not reviewed following a change in their condition. This was discussed with the registered manager, who was able to confirm on the second day of the inspection that these had been completed.

With the exception of this one identified patient's record, all other care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialists (TVN) and speech and language therapists (SALT).

Risk assessments informed the care planning process. There were clear records available regarding the ongoing management of catheter care. Patients who were prescribed regular analgesia had validated pain assessments completed which were reviewed in line with the care plans.

Personal care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans and a sampling of food and fluid intake charts confirmed that patients' fluid intake had been monitored.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. The patient register was checked by the registered manager on a regular basis.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that all staff attended a handover meeting at the beginning of each shift and that this provided the necessary information regarding any changes in patients' condition. Staff also confirmed that staff meetings, were held regularly and that the minutes were made available to those who could not attend. Each staff member knew their role, function and responsibilities and stated that there was effective teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Although discussion with patients and their representatives confirmed that the registered manager was visible around the home and that she frequently spoke with them, formal meetings had not taken place in some time. During the previous inspection, the registered manager had outlined plans to reintroduce formal meetings and had plans to change the format of the meetings, to encourage attendance. This had not taken place. A recommendation has now been made in this regard.

Areas for improvement

An area for improvement was identified in relation to the engagement processes of management with patients and relatives.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients consulted with confirmed that they were afforded choice, privacy, dignity and respect.

Discussion with patients also confirmed that staff consistently spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. The staff were also aware of the requirements regarding patient information and confidentiality.

We asked the patients what the food was like in the home and observed people having their meals; all of the responses were positive. Patients were aware of being given a choice from the daily menu, which was on display in the dining room. The food served at lunch looked well-balanced. Tables were set attractively and were well-spaced so that people could move about freely and choose where they sat.

Observation of the mid-morning tea trolley did not evidence that that suitable snacks were available for patients who required a modified diet. Whilst the staff spoken with stated that they could go to the kitchen to get puddings for these patients, a recommendation has been made that snacks for patients who require modified diets, are provided on the refreshment trolley on a daily basis.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The annual quality report was in the process of being completed at the time of the inspection and will be followed up at future inspection.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment thanked the staff 'for the care and sensitivity' shown to a patient and congratulated the home for being 'well-run and caring'.

During the inspection, we met with ten patients, six care staff, two registered nurses and six patients' representatives. Some comments received are detailed below:

Staff

"The care is really good".

"The patients are well looked after".

"The patients give us good feedback, it is absolutely fantastic".

"All is grand, the patients' needs are being met".

"The patients are getting the right care".

Three staff commented on the staffing levels; these comments were relayed to the registered manager to address. Refer to section 4.3 for further detail.

Patients

"It is excellent here, I am waited on hand and foot".

"Whatever I ask for, I get straight away".

"They are all very good to me".

"The staff are so friendly".

"They are busy, but if you need help, they are there".

"They are all very nice".

Patients' representatives

"I have no concerns. My (relative) is always saying how lucky she is to be here".

"She gets everything she needs".

"It is all very good".

"The staff are very good".

Two patients' representatives commented in relation to the staffing levels, noting that there were sometimes delays in their relatives being assisted to the toilet. These comments were relayed to the registered manager. Refer to section 4.3 for further detail.

We also issued ten questionnaires to staff and relatives respectively; and eight questionnaires were issued to patients. Nine staff, five patients and six relatives had returned their questionnaires, within the timeframe for inclusion in this report. Some comments received are detailed below:

Patients: the majority of respondents indicated that they were 'very satisfied' that the care was safe, effective and compassionate; and that the home was well-led. One written comment was received, indicating that there were not enough staff on and that this was evidenced to them by having to 'wait on the toilet or bed pan'. They also indicated that they only saw the registered manager 'when she is nursing the floor'. Following the inspection, these comments were relayed to the registered manager to address.

Relatives: respondents indicated that they were either 'satisfied' or 'very satisfied' that the home provided safe, effective and compassionate care; and that the home was well-led. One respondent provided written comment in relation to the staffing levels and felt that the staff did not have enough time to spend helping patients who were slow at eating. A concern was also raised in relation to the contingency arrangements in the home for dealing with electrical power failures. Following the inspection, these comments were relayed to the registered manager.

Staff: respondents indicated that they found the home provided safe, effective and compassionate care; and that they the home was well-led. One staff member provided written comment in relation to the level of information provided to them, to enable them to care for the patients. Following the inspection, this comment was relayed to the registered manager, to address.

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

Areas for improvement

An area for improvement has been identified in relation to the provision of snacks for patients who require modified diets.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. The statement of purpose and service user guide had also been updated to include the additional beds which were reviewed as part of the pre-registration element of this inspection.

Staff spoken with were knowledgeable regarding line management and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and a review of the staffing rota commencing 10 April 2017 evidenced that the registered manager had been working on the floor as a registered nurse. The registered manager confirmed that due to recent staffing shortages she was required to work three shifts that week spanning a twelve hour period and that she was scheduled to work one night shift later in the week of the inspection. The deputy manager also did not have consistent supernumerary hours, to support the registered manager. Whilst there was no evidence that these working patterns were having a negative impact on the quality of care, the sustainability of these working practices were discussed with the management team who advised that this was a temporary arrangement, due to an unforeseen shortage of registered nurses and that recruitment was ongoing to address this. The review of the staffing rota evidenced that the clinical hours worked by the registered manager were not clearly recorded. A recommendation has been made in this regard.

Discussion with the registered manager and review of the home's complaints record evidenced 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. Every patient was issued with a welcome pack on admission to the home; this included information on the complaints procedure. A misleading statement was included in the complaints procedure regarding RQIA's role in investigating 'the complaint procedures carried out and the complaint itself'. It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. This was discussed with the regional manager who agreed to address the matter.

It was evident that some action had been taken to improve the effectiveness of the care; the majority of recommendations made at the previous care inspection had been met. However, as discussed in section 4.2, the care record auditing processes were not sufficiently robust to ensure that patients' risk assessments and care plans were completed in response to the

changing needs of patients. It was also noted, that where the care record audit identified an area for action, there was no evidence within the care record that this had been carried out in a timely manner. A recommendation that was previously made has been stated for the second time in this regard.

Discussion with the registered manager and review of records evidenced that monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Discussion with the registered 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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Areas for improvement

An area for improvement was identified in relation to the recording of the clinical hours worked by the registered manager.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, registered manager and Mary Macklin, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

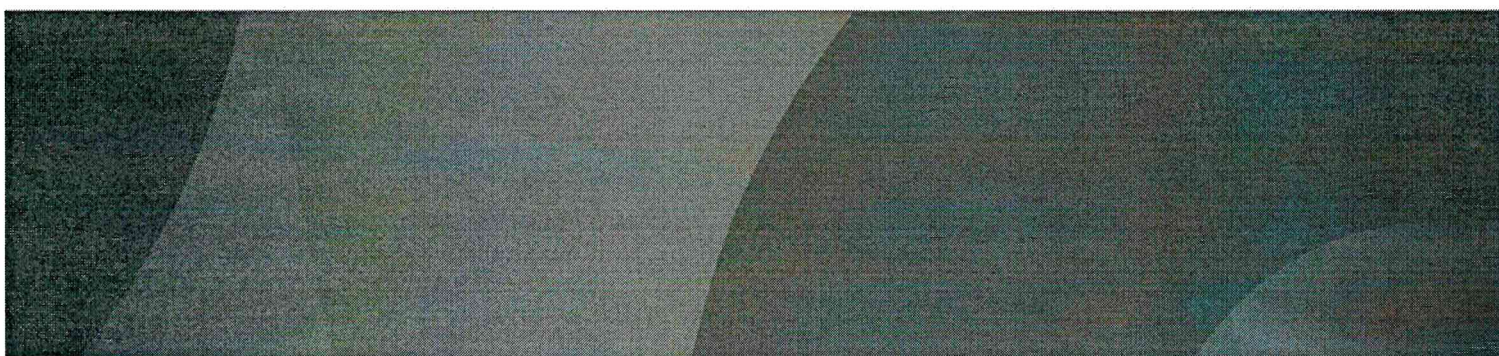
The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 4 Stated: Second time To be completed by: immediate from the day of the inspection	<p>The registered persons should ensure that care plans are developed, in response to acute infections, whereby patients have been prescribed antibiotics.</p> <p>Ref: Section 4.2</p> <p>Response by registered provider detailing the actions taken: <u>———A care plan has been developed and put in place for patients prescribed antibiotics———</u></p>
Recommendation 2 Ref: Standard 35.4 Stated: Second time To be completed by: 18 June 2017	<p>The registered persons should ensure that the system for auditing care records is evidentially reviewed to ensure that the deficits identified in this inspection are continually monitored. This refers specifically to the auditing of patients' risk assessments and care plans; and the auditing of personal care records.</p> <p>Ref: Section 4.2 and 4.6</p> <p>Response by registered provider detailing the actions taken: <u>———Registered manager has a robust system in place and is ensuring continuous review———</u></p>
Recommendation 3 Ref: Standard 41 Stated: First time To be completed by: 18 June 2017	<p>The registered persons should ensure that staff deployment is accurately reflected in the staff allocation record.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: <u>———Staff allocation is clearly recorded in the allocation record stating staff member's name, all nursing staff have also been advised to monitor the system to ensure compliance from care staff———</u></p>
Recommendation 4 Ref: Standard 38.3 Stated: First time To be completed by: 18 June 2017	<p>The registered persons should ensure that the recruitment processes are further reviewed to ensure that written explanations are recorded, where there are any gaps in employment histories.</p> <p>Ref: Section 4.3</p> <p>Response by registered provider detailing the actions taken: <u>———Gaps in employment is checked and explanation for gaps is recorded during interviews———</u></p>
Recommendation 5 Ref: Standard 7.1 Stated: First time	<p>The registered persons should review the methods available for engagement with patients and relatives to ensure they are effective.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken:</p>

To be completed by: immediate from the day of the inspection	——— <u>A review of the methods for relative engagement has been reviewed and actioned.</u>
Recommendation 5 Ref: Standard 12 Stated: First time	The registered persons should ensure that snacks for patients who require modified diets, are provided on the refreshment trolley on a daily basis. Ref: Section 4.5
To be completed by: 18 June 2017	Response by registered provider detailing the actions taken: ——— <u>Patient snacks have been reviewed to ensure patients on modified diets are provided with refreshments on a daily basis and on each tea round</u>
Recommendation 6 Ref: Standard 41 Stated: First time	The registered persons should ensure that the clinical hours worked by the registered manager are clearly recorded on the staffing rota. Ref: Section 4.6
To be completed by: 18 June 2017	Response by registered provider detailing the actions taken: ——— <u>The registered managers clinical hours are recorded on the staff rota.</u>



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