



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 2 and 9 May 2019



Ratheane Private Nursing Home

Type of Service: Nursing Home

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Inspector: Jane Laird and Briege Ferris

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Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 65 patients.

3.0 Service details

Organisation/Registered Provider: Ratheane Responsible Individual(s): Brian Macklin Mary Macklin	Registered Manager and date registered: Araceli Flores 2 September 2014
Person in charge at the time of inspection: Araceli Flores	Number of registered places: 65
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 65

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.10 hours to 18.50 hours. The inspection was undertaken by care and finance inspectors.

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

The finance inspector attended on 9 May 2019 and reviewed a sample of patients' records to validate compliance with the areas for improvement identified from the previous finance inspection. Of the 10 areas for improvement identified during the inspection, eight of these were met and two were partially met. Three further areas for improvement were identified as part of the inspection; these related to updating patients' individual written agreements, and ensuring that patients' property records are reconciled and signed and dated by two people at least quarterly.

Serious concerns were identified during the care inspection in relation to fire safety, health and welfare of the patients, staffing arrangements and the quality of management and governance arrangements in the home.

Following the inspection a meeting was held on 10 May 2019 at RQIA with the intention of issuing four failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 27 (4) regarding fire safety; Regulation 13 (1) (a) and (b) regarding the health and welfare of the patients; Regulation 20 (1) (a) regarding the staffing arrangements; and Regulation 10 (1) regarding the quality of management and governance arrangements in the home. The meeting was attended by Mrs Mary Macklin, Responsible Individual; Araceli Flores, Registered Manager; Gareth Macklin, Director; and Christine Thompson, Regional Manager.

At the meeting the home's representatives submitted an action plan. RQIA received some assurance that robust action had been taken regarding the fire safety and the staffing arrangements within the home were being reviewed. However, they were unable to offer RQIA the necessary assurance in relation to patients' health and welfare and the governance arrangements in the home. Two failure to comply notices under Regulation 13 (1) (a) and (b) and Regulation 10 (1) in relation to governance were issued, with the date of compliance to be achieved by 5 July 2019.

Despite enforcement action being taken, there was good practice, in relation to the compassionate and caring attitude of staff towards the patients, relatives and visiting professionals.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	4

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

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

Two failure to comply notices under Regulation 13 (1) (a) and (b) and Regulation 10 (1) were issued with the date of compliance to be achieved by 5 July 2019.

FTC Ref: FTC000041 with respect to Regulation 10(1)

FTC Ref: FTC000042 with respect to Regulation 13(1) (a) and (b)

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

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

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 27 November 2018

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

5.0 How we inspect

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

During our inspection we:

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

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

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 22 April 2019 and 29 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision and appraisal matrix
- a sample of reports of visits by the registered provider/monthly monitoring reports March 2019 and April 2019
- RQIA registration certificate
- samples of patients' income and expenditure records; reconciliation records for money and valuables and patients' personal monies authorisations
- the record of safe contents
- a sample of written financial policies

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

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

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspections

Areas for improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement reviewed, one was met. Two areas for improvement not met have been subsumed into the failure to comply notices issued on 15 May 2019.

Areas for improvement identified at the previous finance inspection have also been reviewed. Eight were assessed as met and two were partially met. These have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.10 hours and were greeted by the registered manager and staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. Two patients were seated in one of the lounges whilst others remained in bed. Staff were friendly and welcoming and appeared confident in their role and delivery of care. Medication was being administered by the registered nurses and the hair dresser was attending to patients within the hair salon on the ground floor.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. At the previous care inspection on 27 November 2018 there was evidence that the staffing levels were affected by short notice absenteeism. The manager had discussed the recruitment drive and the need for additional care assistants to ensure that the needs of the patients are met. It was positive to note that interviews were taking place on the morning of the inspection.

Staff reported that they felt under pressure with the current staffing levels due to the increased needs of the patients and when there is short notice absence or an emergency occurs, this places them under increased pressure. On review of the staffing rota from weeks commencing 22 April 2019 and 29 April 2019 it was evident that short notice absenteeism was still an issue and on discussion with staff, patients and relatives, staffing levels remained a concern for them. It was noted that nurse call bells were sounding for a considerable time before staff were available to answer them. The registered manager had raised these concerns with senior management and agreed to share our findings with them following the inspection.

We observed four patients in the dayroom throughout the day and the remaining patients in their bedrooms, with the exception to the afternoon, where the activity person had taken some of the patients to the lounge on the ground floor where an activity was taking place. A number of staff said patients were mainly in their bedrooms due to there not being enough staff to transfer them to the dayroom, supervise them and attend to the patients within their bedrooms. Whilst a number of other staff stated that most patients wanted to stay in their rooms there was no evidence within the patients' care plans to state their preferences.

Patients spoken with indicated that they felt safe and were mainly happy living in Ratheane Private Nursing Home. Comments included:

- "Well looked after."
- "I like it here."
- "Staff ok, sometimes have to wait for a long time after pressing my buzzer, especially at night."
- "Don't seem to have enough staff – sometimes have to wait up to half an hour."

We also sought the opinion of patients on staffing via questionnaires. One patient questionnaire was returned and this indicated that they were very satisfied with the service provision across all four domains.

We met with four relatives during the inspection. Two relatives spoken with did not raise any concerns regarding staff or staffing levels and they were complimentary of the home, stating:

- "Happy with care."
- "..... is well looked after."

However, two relatives raised concerns regarding the provision and delivery of care and staffing arrangements. Comments included:

- "Not enough staff."
- "Poor quality of staff with not enough skills."
- "Good staff have left."

We also sought relatives' opinion on staffing via questionnaires. Only one questionnaire was returned and indicated that they were satisfied with the service provision across all four domains.

During the meeting the home's representative's submitted evidence that they had reviewed the dependency levels of the patients which would continue to be reviewed by the registered manager and as part of the responsible person's monthly monitoring visits to ensure that there are adequate staffing levels to attend to the patients' needs. We considered this response and a decision was made not to issue the failure to comply notice in relation to staffing. To ensure that this area has been appropriately addressed an area for improvement was identified and will be followed up at a subsequent inspection.

Review of two staff recruitment files evidenced that they were employed following a robust monitoring system to ensure the safety of patients. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. However, it was identified that not all staff had received training in how to modify fluids. A staff member who did not have the relevant training in dysphagia and the modification of fluids was left unsupervised to give out fluids. The registered manager did not have a record of how many staff were trained in dysphagia and the modification of fluids. This was concerning as we observed thin fluids in front of a patient who required thickened fluids due to being at high risk of aspirating. A referral was made to the Adult Safeguarding team in the Northern Health and Social Care Trust. The staff that were working within the unit were unaware of two patients' swallowing requirements as they stated that they did not receive an effective handover. During the meeting the home's representatives provided a detailed training programme in relation to dysphagia and the modification of fluids which had been provided with the dates and signatures of the staff who attended the training. We discussed the importance of providing staff with the necessary information about patients' dietary requirements and that they receive an effective handover on newly admitted patients. This is discussed further in 6.4.

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

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. We found that two unwitnessed falls were not recorded as potential head injuries and that there was no neurological observations obtained in accordance with best practice guidelines. We could not evidence that appropriate actions had been taken following unwitnessed falls, including one patient at high risk due to their anticoagulant medication. This was discussed with the registered manager and a previous area for improvement had not been met and has been subsumed into a failure to comply notice. This is discussed further in 6.6.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. However, there was evidence that deficits within the environment had not been identified or addressed within the home and an audit of the environment which was requested at the previous inspection had not been initiated. This included damaged patient equipment and décor which was unable to be appropriately cleaned. Equipment was inappropriately stored in an identified lounge and was not conducive to a positive patient experience. This is discussed further in 6.6.

Two patient bedroom doors were identified during the inspection as being held open by a chair. On discussion with the patients, staff and relatives it was established that the patients did not like to be in their bedroom with the door closed. The doors both had an automatic door closure device, however, it was stated that they don't always work and this is why they hold the door open with a chair. The wedging open of a fire door renders that door ineffective and raises a significant risk to the welfare of patients in the event of a fire. The registered manager was aware that this practice was taking place and was directed by the inspector to discuss the importance of not propping the door open with the patient and relatives during the inspection.

Following the inspection we received written confirmation that the two bedroom doors have been reviewed and automatic self-door closures which are linked to the fire panel have been installed. During the meeting the home’s representatives provided a copy of the minutes of a meeting that was held with staff in relation to fire safety. A commissioning certificate was provided detailing that the two identified bedroom doors had been mechanically fitted to the fire panel and written evidence that the fire risk assessor had visited the home on 8 May 2019 and carried out a fire safety review was also provided during the meeting stating that the home were compliant with respect to fire safety. The Northern Ireland Fire and Rescue Service (NIFRS) visited the home on the 13 May 2019 and there were no concerns raised during their visit. We considered the evidence provided and decided not to issue the failure to comply notice at this point but will continue to monitor the fire safety within the home during future inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment, supervision and appraisal and adult safeguarding.

Areas for improvement

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

An area for improvement was identified during the inspection in relation to staffing levels.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

At the previous care inspection on 27 November 2018 an area for improvement was identified in relation to the correct settings for pressure relieving mattresses. Records failed to record the need for such equipment and the pressure relieving mattress weight setting was not set appropriately for the patient’s current weight. This meant that the mattress was not able to function correctly and therefore was ineffective. At this inspection we found that this area for improvement had not been met. This was discussed with the registered manager and this area for improvement has been subsumed into a failure to comply notice.

Review of three patient care records evidenced that there were deficits in the recording of care plans and risk assessments to direct the necessary care. We identified that two patients with wounds did not have a care plan in place to direct staff regarding the appropriate actions or dressings to apply. One patient’s wound was exposed which did not have a dressing applied since 27 April 2019. The registered nurse who was working within the unit and the registered manager were unaware that the patient had a wound. We advised that immediate action be taken to ensure that the wound was dressed appropriately and a care plan initiated to reflect the care required. This was referred to the Adult Safeguarding team in the Northern Health and Social Care Trust.

On a review of a newly admitted patient’s records, we found that the patient’s weight, base line clinical observations, moving and handling assessment and choking assessment had not been completed in a timely manner. The patient was identified as a high risk of aspirating and the care staff were unaware of the patient’s needs. The registered manager acknowledged the shortfalls in the documentation and agreed to review the patient’s care plans and risk assessments immediately. This was discussed with the registered manager and this area for improvement has been subsumed into a failure to comply notice.

Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were not consistently maintained. On review of the total fluid intake over 24 hours we found that a number of patients had not met their set target intake and there was no record within the patients’ daily evaluation regarding actions taken. The registered manager stated that they had devised new recording charts which are updated by the night staff to provide staff with an indicator of when the patient has not consumed their set target and when to seek medical advice. However, on review of the records the April charts had been archived with only the 1 May 2019 recorded which did not provide any information about the patient’s previous intakes and therefore had the potential to be over looked. Further concerns were identified in relation to the management of pressure ulcer prevention. Deficits were evidenced in the repositioning records of identified patients and inconsistencies were noted in the frequency of repositioning within care plans. This was discussed with the registered manager and this area for improvement has been subsumed into a failure to comply notice.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. It was positive to note that registered nurses had recorded handover sheets and handover to the next shift on duty; however, this was not provided for care assistants. Care staff stated that they were aware of the importance of handover reports in ensuring effective communication in providing information on each patient’s condition and any changes noted. As previously discussed in 6.3 we found that they were unaware of the needs of a patient who had been admitted to the home recently and also on the day of the inspection. This was discussed with the registered manager and this area for improvement has been subsumed into a failure to comply notice.

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

Areas of good practice

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

Areas for improvement

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On review of the schedule it was identified that this was displayed electronically on a monitor at the main reception area on the ground floor. This requires review to ensure that patients who stay within their bedrooms are made aware of the available activities. The activity person was scheduled to work in the afternoon on the day of the inspection and also worked on weekends when deemed necessary depending on the activity schedule. There was no available system to record activities in the absence of the activity person who is employed full time between both the nursing and residential unit. As previously discussed in 6.3 in relation to patients who prefer to stay in bed or within their bedroom there was no evidence within their care plans that this was the preference of the patient and/or their representatives. This was discussed with the registered manager and this area for improvement has been subsumed into a failure to comply notice.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. The geographical layout of the building in relation to where the main activities are held resulted in patients who are immobile having to enter the lift to transfer them to the ground floor. There were two dayrooms on the first floor which were not occupied by anyone throughout the inspection. This was discussed with the registered manager to review the current arrangements to ensure that patients on both floors have the opportunity to engage in meaningful activities including those who do not want to leave their bedrooms.

We observed the serving of the lunchtime meal within Zone A. Lunch commenced at 12.30 hours. There was no dining area within Zone A but the patients could avail of dining facilities in the lounge in Zone B if they chose to. Patients had trays delivered to their bedrooms and staff were observed assisting patients with their meal appropriately with a registered nurse overseeing the mealtime service. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. The supervision of patients during the lunchtime meal was challenging as there were nine patients out of the 22 patients within Zone A who required full assistance with eating and drinking. The staff were very busy delivering trays to patients who could assist themselves with eating and drinking, attending to other patients who required assistance and answering nurse call alarms. This was discussed with the registered manager who acknowledged that the dependency needs of the patients have increased and assurances were provided that a review of the current arrangements would be undertaken. This will be reviewed at a future inspection and an area for improvement in relation to staffing has been made. Please refer to Section 6.3.

Within one of the lounges on the ground floor it was identified that daily fluid/dietary intake, repositioning and elimination charts were placed on a small table in front of two of the patients. This was brought to the immediate attention of the registered nurse who recognised the importance of patients' confidentiality, dignity and respect and removed them to a more secure area. This was shared with the registered manager who agreed to monitor and discuss with staff the importance of ensuring that all documentation in relation to a patient is kept in a secure environment.

We also observed the use of a keypad at the front door, a potentially restrictive practice which could restrict patients' freedom of movement. The registered manager acknowledged the importance of patient's freedom of movement and stated that patients and their relatives are provided with the code on admission. During the inspection relatives and patients were identified as moving freely to and from the home without having to ask for the code. The registered manager agreed to continue to monitor this and put appropriate signage beside the key pad if deemed necessary.

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

- "Thank you for all your help and everything you did for during stay."
- "With grateful thanks for all your care and kindness."

Consultation with 17 patients individually, and with others in small groups, confirmed that living in Ratheane Private Nursing Home was a mainly positive experience.

Patient comments:

- "Staff are good to me."
- "I like it here."
- "Staff are good at what they do."
- "I'm ok here"
- "No complaints. They are very good."
- "Everything is alright."
- "I would rather go home."
- "They give you good food."
- "Not enough activities".

Representatives' comments:

- "No concerns."
- "Staff work very hard and the work load is increasing."

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and their representatives during the inspection.

Areas for improvement

The actions required to address the concerns identified in relation to activities are part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

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

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

On discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. However it was disappointing that the audits maintained had not identified the issues as discussed in 6.3 in relation to falls management, the environment and IPC. An area for improvement in relation to infection prevention and control auditing, stated following the previous care inspection, continued not to be met. Given the findings of the inspection we were concerned in relation to the oversight of staffing and deployment of staff to ensure that the assessed needs of the patients were met. The registered manager was unable to demonstrate her oversight of the day to day operation of the home on the day of inspection. At the meeting with RQIA the home management were unable to provide sufficient assurances in relation to the governance arrangements and a failure to comply notice was issued under Regulation 10 (1).

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a quality governance manager. On review of the most recent reports for March 2019 and April 2019 it was evident that the reports did not identify any of the issues raised during the inspection. This was discussed with the registered manager and this area for improvement has been subsumed into the failure to comply notice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed, however, it was identified that two of the most recent complaints recorded did not identify if the complainant was satisfied with the outcome. This was discussed with the registered manager and identified as an area for improvement.

Staff confirmed that there were good working relationships and that they were able to discuss any suggestions or concerns with either the registered manager, regional manager or another senior member of staff for advice.

Management of service users monies

A range of patients' financial records were reviewed including patient agreements, income and expenditure records and residents' property records. In general, controls to safeguard monies and property were found to be in place and be operating effectively. Of the 10 areas for improvement identified from the previous inspection, eight of these were met and two were partially met. Two further areas for improvement were identified in relation to patients' property records and patient agreements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

The actions required to address the concerns identified are part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation 10 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

The following areas were identified for improvement in relation to the management of complaints, updating patients' individual written agreements, ensuring treatment records are appropriately signed and ensuring that patients' property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person must provide revised individual agreements to each patient (or their representative) currently accommodated in the home, which reflect the correct fees and financial arrangements in place. A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>The registered person must ensure that all written patient agreements comply with requirements under Regulation 5 of the Nursing Homes Regulations (NI) 2005 and Standard 4 of the DHSSPS Minimum Standards for Nursing Homes 2008.</p>
	<p>Response by registered person detailing the actions taken: Residents or their representatives are issued with written notice of changes to their agreement on a yearly basis, a copy is placed in clients file. Where residents or representatives refuse to sign this is documented and placed in the file. Where relatives or residents fail to return the signed copy of the agreement reminder letters are sent and a copy placed in clients file.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced staff are working at the home in such numbers as are appropriate for the health and welfare of the patients.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered manager ensures that all trained staff undergo a competency and capability assessment when taking charge of the home. Staffing levels are dependent on patient dependency levels.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Complaints are fully investigated and outcomes and actions are communicated with the complainant. The level of satisfaction and how this was determined is documented. When the complaint cannot be resolved at home management level this is escalated to the regional manager or registered provider.</p>
<p>Area for improvement 2</p> <p>Ref: 14.13</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Registered manager ensures that any services provided within the home by other service providers are signed by the provider and the patient or a member of staff. This record which clearly verifies the cost is kept in a file in the finance office.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Residents or their representatives are issued with written notice of changes to their agreement. Where residents or representatives refuse to sign this is documented and placed in the file. Where relatives or residents fail to return the signed copy of the agreement reminder letters are sent and a copy placed in clients file.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Patients property are recorded on admission to the home. Any new item is to be entered in the property list. This will be reconciled at least quarterly and countersigned by a senior member of staff.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care