



# Unannounced Care Inspection Report 24 September 2018



## Galgorm

**Type of Service: Nursing Home (NH)**  
**Address: 90 Galgorm Road, Ballymena, BT42 1AA**  
**Tel No: 028 25651365**  
**Inspector: James Lavery**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Lisa McDonald
<b>Person in charge at the time of inspection:</b> Lisa McDonald	<b>Date manager registered:</b> 16 January 2015
<b>Categories of care:</b> 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 TI – Terminally ill	<b>Number of registered places:</b> 35  A maximum of 3 patients in category NH-TI. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2018 from 09.30 to 17.45 hours.

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

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

Evidence of good practice was found in relation to managing notifiable incidents, the management of falls and the supervision/appraisal of staff. Further areas of good practice were also noted in regards to the provision of wound care, engaging with patients and patients' relatives/representatives, and governance processes relating to quality assurance and service delivery.

Two areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) and the provision of oral care to patients.

Two areas for improvement under the standards were identified in regards to the repositioning of patients and the provision of personal care.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Lisa McDonald, registered manager, and Louisa Rea, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 10 April 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 10 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

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

During the inspection the inspector and lay assessor met with nine patients and three staff. No patients' relatives were available to speak with the inspector or lay assessor during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed. The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the home to allow patients, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the nursing home.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records
- two patients' supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to care records, restrictive practices, wound care and the internal environment
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 10 April 2018**

The most recent inspection of the home was an unannounced medicines management inspection on 10 April 2018. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 29 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time	The registered provider must ensure that chemicals are stored in keeping with COSHH regulations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that all chemicals had been stored in keeping with COSHH regulations.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that the infection, prevention and control deficits identified during the previous care inspection had been satisfactorily addressed. New IPC shortfalls which were noted during a review of the internal environment during this inspection are discussed further in section 6.4.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring a modified diet.	<b>Met</b>



	<b>Action taken as confirmed during the inspection:</b> Review of the care record for one patient who required a modified diet confirmed that they accurately reflected the prescribed care and treatment which was needed to be delivered in compliance with recommendations made by the multidisciplinary care team.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the lunch time meal confirmed that the dining environment was suitably managed for promoting the dining experience of patients. Meals on trays were observed to be appropriately covered and meals/drinks were served to patients in a dignified and respectful manner.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 16 Criteria 11  <b>Stated:</b> Second time	The registered provider shall ensure that records of complaints includes whether or not the complainant was satisfied with the outcome and how this level of satisfaction was achieved in accordance with the DHSSPS Care Standards for Nursing Homes, 2015.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the complaint records and discussion with the registered manager confirmed that all complaints were managed and documented in accordance with best practice standards.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 38  <b>Stated:</b> First time	The registered provider shall ensure that staff are not employed within the home until all necessary records are obtained in compliance with legislative and best practice standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Selection and recruitment records for one staff member were reviewed and confirmed that the staff member had been recruited in compliance with legislative and best practice standards.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure that the assessed needs of patients were met. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice unplanned absence when necessary. The registered manager advised that from 10 to 23 September 2018 there were two occasions when planned staffing levels were not fully adhered to due to. It was further noted on the day of the inspection that one carer was unavailable due to sickness. While the registered manager confirmed that a number of off duty staff members were brought into the home later in the day to address this shortfall in staffing levels, the standard of care delivery was negatively impacted by the reduced staffing levels. This is discussed further in section 6.5. Three staff who were spoken with during the inspection did express concerns with regards to either staff sickness or staff turnover; staff comments included:

- “We’re short staffed quite a lot.”
- “Working short ... is regular.”
- “Short staffing is a regular occurrence.”

The issue of staffing levels and staffing turnover was discussed with both the registered manager and regional manager during the inspection. The registered manager acknowledged that staffing turnover had been problematic in recent months due to new staff undergoing induction and then subsequently resigning from their position. The regional manager confirmed this and also advised that the need to review staffing levels within the home was already an area of focus for senior management. It was agreed that this matter should be robustly addressed as soon as possible and that RQIA be kept informed by the registered manager of any agreed outcomes/actions arising from any staffing review. While four patients who were spoken with expressed no concerns in relation to staffing levels, two patients did indicate that they considered staffing levels to be inadequate at times.

Discussion with the registered manager and review of governance records evidenced 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 a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with largely demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. However, one staff member did demonstrate limited understanding of their role and responsibility in relation to the manner in which a potential safeguarding incident should be managed. This was highlighted to the registered manager and the need to ensure that all



staff possess an effective understanding of relevant safeguarding policies and procedures was stressed.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of governance 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.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). While discussion with the registered manager and regional manager did provide assurance that staff registration with NISCC was reviewed monthly it was advised that this should be evidenced in writing within existing governance records by the registered manager in order to demonstrate such validation of staff registration.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was positive to note that all communal lounges and both dining rooms had been recently redecorated to a high standard. It is recognised that these improvements would enhance the daily experience of patients within the home who use these areas. Observation of one communal bathroom did highlight inappropriate storage of equipment supplies. The need to ensure that rooms are only used for their stated purpose was highlighted. This area was highlighted to the registered manager who agreed to ensure that the identified products were stored appropriately. It was further noted that equipment supplies for one patient were being stored in a significant quantity within one patient's bedroom. It was agreed that patients' medical supplies should be stored in a manner which promotes patient dignity and in keeping with their expressed preferences.

Access and egress to the home is via a set of double doors. The second set of doors upon entering are operated using a keypad for access/egress. Further keypads are also used to restrict access/egress to several stairwells throughout the building. No instructions were adjacent to any of those keypads which would assist patients with entering/exiting these areas, as appropriate. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The registered manager addressed this weakness following the inspection by including keypad instructions within the amended patient user guide for reference, as needed.

During a review of the environment, one patient was observed receiving continuous oxygen therapy within their bedroom. No signage was displayed to inform other patients or visitors that oxygen was in use. It was agreed that such signage should be erected at all times, as necessary.

Observations highlighted that one designated fire exit was cluttered with items of furniture and patient equipment. This was immediately highlighted to the registered manager and the need to ensure that all designated fire exits are effectively managed was stressed. Confirmation during and following the inspection provided assurances that the identified fire exit was appropriately cleared of unnecessary items and that all fire exits throughout the home would be regularly monitored during monthly monitoring visits to ensure compliance with the home's fire risk assessment. These findings were shared with the RQIA estates team following the inspection.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: unlaminated signage in several areas; one computer desk within a nursing station which was in poor repair; three torn pillow cases within one linen cupboard; the presence of used hair brushes in one communal area and damage to plaster work within two communal areas. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under the regulations was therefore made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to managing notifiable incidents, the management of falls and the supervision/appraisal of staff.

### Areas for improvement

One area for improvement under regulation was highlighted in regards to infection, prevention and control standards.

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

#### 6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated 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 the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who required ongoing treatment for a Healthcare Acquired Infection (HCAI) were found to have been written in a timely and comprehensive manner.

The provision of oral care for one patient was reviewed. Although a relevant care plan was in place which directed staff to assist the patient with their oral hygiene needs on a daily basis, the patient's supplementary care records (which also reference the delivery of oral care) were not completed on the day of the inspection by 11.10 hours. Two care staff who were tasked with providing personal care to the patient on the morning of the inspection confirmed that they had insufficient time to provide oral care to the patient due to staffing levels that morning. One staff member stated, "It's hard getting around everyone." Both care staff also stated that the provision of such care can be delayed to the afternoon whenever staffing levels are lower than rostered due to staff sickness/unplanned absences. Review of the patient's daily progress notes also evidenced no consistent reference to the provision of oral care by nursing staff. Discussion with the registered manager and care staff confirmed that the patient's oral hygiene needs had been met before the inspection ended. An area for improvement under regulation was made.

The care record for one patient who required ongoing wound care and assistance with repositioning and personal care were reviewed. It was positive to note that accurate, comprehensive and detailed care plans were in place which provided clear direction for staff in regards to the required wound care regimen. Supplementary wound care records and discussion with nursing staff also highlighted that the recommendations by the multiprofessional team, specifically the TVN, had been closely adhered to. While the patient's supplementary repositioning records and personal care records prior to the inspection had been completed effectively and consistently, it was noted that these had not been completed contemporaneously on the day of the inspection. There was therefore no documented evidence to support feedback from staff received during the inspection that the patient had been assisted with personal care in a timely manner or had been repositioned as necessary on the morning of the inspection. The need to ensure that patients are assisted with personal care and with repositioning in a timely manner was highlighted. Such care delivery should also be documented by staff in an accurate and contemporaneous manner. Two areas for improvement under the standards were made.

It was observed that nursing staff had left some prescribed medicines with one patient in order for them to self-administer the medication. Although discussion with nursing staff and the patient provided assurance that the patient was not put at risk, the need to ensure that nursing staff administer all medications in compliance with professional and best practice guidance at all times was stressed. It was further noted that due to reduced staffing levels on the day of the inspection, the morning medicine round was completed by the registered nurse later than typically expected. Review of one patient's medicines records highlighted that one record was inaccurate in relation to when some medicines had been administered that morning. These shortfalls were highlighted to the registered manager who confirmed that nursing staff should ensure the accuracy of all medicine records for which they have responsibility. These findings were also shared with the aligned RQIA pharmacy inspector following the inspection.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of wound care and the management of HCAs.

## Areas for improvement

One area for improvement under regulation was made in relation to the provision of oral care to patients.

Two areas for improvement under the standards were also highlighted in regards to the repositioning of patients and the provision of personal care.

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

### 6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate and caring. The majority of patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "They're (the staff) are very kind..."
- "I've no complaints ... if I want anything they get it for me. I'm well looked after."
- "The food is good."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, one completed patient's relative/representative questionnaire was returned within the specified timescale. The respondent indicated that they were very satisfied with the delivery of care. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment and staff engaged enthusiastically and warmly with patients throughout their meal. One wall mounted whiteboard on which the daily menu was written was noted to be only partially legible. The need to ensure that all such menus are appropriately maintained for patients was highlighted.

Patients within the first floor lounge were observed to be seated comfortably following the provision of lunch. While it was noted that care staff had positioned a table in front of one large window at which they could complete some care records and supervise patients seated within the lounge, this effectively reduced the available space for patients within the lounge and prevented any patients from sitting by the window if they so choose. This was highlighted to the registered manager who agreed to review current seating arrangements within the lounge. This will be reviewed during a future care inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to engaging with patients and patients' relatives/representatives, and managing the dietary needs of patients.

### Areas for improvement

No areas for improvement were identified in this domain.

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

#### 6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. Records confirmed that the most recent general staff meeting was conducted on 23 August 2018 and that a registered nurse meeting occurred the following day.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to care records, restrictive practices, wound care and the internal environment. Discussion with the registered manager confirmed that audit findings helped to inform ongoing quality improvement within the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff meetings, policies and procedures and governance processes relating to quality assurance and service delivery.

### **Areas for improvement**

No areas for improvement were identified in this domain.

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



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa McDonald, registered manager, and Louisa Rea, regional 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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  Ref: 6.4
<b>To be completed by:</b> 22 October 2018	<b>Response by registered person detailing the actions taken:</b> Computer desk in the nursing office has been replaced. Unlaminated signage has been removed, any future posters will be laminated. Linen cupboard has been decluttered and items disposed as needed. Infection prevention and control has been highlighted to staff through clinical supervision and a staff meeting.

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the following in regards to the provision of oral care to patients: <ul style="list-style-type: none"> <li>• Staff shall provide oral care to the patient in keeping with existing risk assessment(s) and care plan(s) and in keeping with best practice guidance,</li> </ul> Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> All staff have received clinical supervision regarding oral care and upholding dignity. Registered nurses have been advised during this clinical supervision to make reference to oral care within their daily progress notes.

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that all patients requiring repositioning care are assisted appropriately by staff in compliance with their assessed needs and relevant care plan(s) at all times. Repositioning records should be completed in an accurate and contemporaneous manner at all times.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> All staff have received clinical supervision in relation to recording repositioning in a timely manner to reflect the repositioning which has been done. This was also reiterated at a staff meeting. This will be monitored by the Home Manager and the Registered Nurses for compliance.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all patients requiring assistance with personal care are assisted appropriately by staff in compliance with their assessed needs and relevant care plan(s) at all times. Supplementary care records should be completed in an accurate and contemporaneous manner at all times.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received clinical supervision in relation to completing daily care records accurately and in a timely manner to reflect the care that has been given. This was also reiterated at a staff meeting. This will be monitored by the Home Manager on the daily walkaround.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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