

# Unannounced Care Inspection Report 15 June 2017



## Antrim Care Home

**Type of Service: Nursing Home**  
**Address: 88 Milltown Road, Antrim, BT41 2JJ**  
**Tel No: 02894428717**  
**Inspector: Aveen Donnelly**

[www.rgia.org.uk](http://www.rgia.org.uk)

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 53 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd Janet Montgomery	<b>Registered Manager:</b> Sharon Smyth
<b>Person in charge at the time of inspection:</b> Sharon Smyth	<b>Date manager registered:</b> 10 June 2016
<b>Categories of care:</b> Nursing Home (NH) DE – Dementia 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  Residential Care (RC) I – Old age not falling within any other category	<b>Number of registered places:</b> 53

### 4.0 Inspection summary

An unannounced inspection took place on 15 June 2017 from 09.00 to 16.50 hours.

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

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

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

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements, and the delivery of care. Patients were afforded choice and privacy; those consulted with were satisfied with the variety and standard of the food. Positive comments were received in relation to the care provided and there was evidence that the staff managed end of life care in a respectful manner. Complaints and incidents were well managed and there were good working relationships within the home.

Areas for improvement made under the regulations related to the infection prevention and control practices; the annual quality report; and the application process for varying the registration status of the home. Areas for improvement made under the care standards related to the emergency evacuation register; the oversight of patient care; and patients' and relatives' meetings.

It should also be noted that two areas for improvement previously stated were not met and have been stated again in this report. These refer specifically to the management of patients' fluid intakes; the completion of falls risk assessments following patients' falls; and the need for a robust auditing system for the patient care records.

Patients said they were generally happy with the care provided. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	*6	*3

\*The total number of areas for improvement above includes one area of improvement made under the regulations and one area of improvement made under the care standards, which have been stated for the second time. One area for improvement had not been met, despite being previously stated under the care standards on two separate occasions; this has now been included in the areas for improvement under the regulations.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, registered 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 16 February 2017**

The most recent inspection of the home was an unannounced care inspection undertaken on 16 February 2017. 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 inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector met with seven patients, five care staff, two registered nurses and four patients' representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- staffing rota
- one staff personnel file to review recruitment and selection
- staff induction, supervision and appraisal records
- staff training records for 2016/2017
- accident and incident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- emergency evacuation register
- seven patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- patient register
- annual quality report
- compliments records
- RQIA registration certificate
- certificate of public liability
- audits in relation to care records and falls
- complaints received since the previous care inspection
- minutes of staff' and relatives' meetings held since the previous care inspection
- monthly quality monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 February 2017

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 validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 16 February 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 15 (2) (b) <b>Stated:</b> Second time	The registered persons must ensure that risk assessments are completed for all patients and that the assessment of the patient's need is kept under review and revised on a regular basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that the assessment of patients' needs were completed and reviewed as appropriate.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> Second time	The registered persons must ensure that comprehensive written care plans are prepared by registered nurses, in consultation with the patient and/or their representative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the care records evidenced improvements in the care planning processes; and evidence of the involvement of patients and/or their relatives, as appropriate.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 24 (1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered persons must ensure that a complaints procedure is established for receiving, managing and responding to concerns raised by patients and or their representatives.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and a review of records confirmed that this recommendation had been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.</p>	<p style="text-align: center;"><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three fluid intake records evidenced inconsistencies in the completion of patients' fluid intake records. There was also evidence within the daily progress notes that the registered nurses did not have oversight of the fluid records. This was evidenced in one care record, where the written record reflected that a patient had 'a good oral intake', contrary to that recorded on the fluid intake chart. This area for improvement was not met and has been stated for the second time.</p>		
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.6</p> <p><b>Stated:</b> Second time</p>	<p>The falls risk assessment should be reviewed in response in changes to the residents' condition and the care plan amended accordingly.</p>	<p style="text-align: center;"><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Although there was evidence that falls' risk assessments were completed on a regular basis, the assessments were not reviewed every time the patients had fallen. This area for improvement was not met, despite being stated on two previous occasions; it has now been identified as an area for improvement under The Nursing Homes Regulations (Northern Ireland) 2005.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> Second time</p>	<p>A system of robust auditing should be implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas should be evident.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Although there was evidence of improvements in the auditing processes; the system was not sufficiently robust, in that identified areas were not consistently followed up in a timely manner. This recommendation was partially met and has again been identified as an area for improvement.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that care plan evaluations completed by registered nurses contain meaningful statements, which reflect the patients' current care needs.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the care records confirmed that the care plan evaluations had improved.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 16.3</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that a copy of the complaints procedure is provided on admission to every patient and to any person acting on their behalf, and this is available in a range of formats where required.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and patients confirmed that this matter had been addressed.</p>		



<b>Area for improvement 5</b> <b>Ref:</b> Standard 39.4 <b>Stated:</b> First time	The registered persons must ensure that registered nursing staff are provided with training on the electronic records system, to ensure that risk assessments and care plans are completed on a regular basis. Evidence of the training, in whatever format provided, must be retained in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and staff; and review of the care records evidenced that this had been addressed. The registered manager explained that this was addressed through staff meetings; and that a learning folder had been developed, which the registered nurses could access.	

### 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 stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the week commencing 5 June 2017 evidenced that the planned staffing levels were adhered to.

The registered manager explained there were currently two registered nurse vacancies and four care staff vacancies; these vacancies were being filled by agency staff or permanent staff working additional hours. Some care staff had been recruited and were going through the appropriate checks before starting in post. Observation of the delivery of care evidenced that patients' needs were met by the number and skill mix of staff on duty. Discussion with patients and their representatives evidenced that there were no concerns regarding staffing levels.

Discussion with staff confirmed that communication was well maintained in the home and that appropriate information was communicated in the shift handover meetings.

Discussion with the registered manager and a review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with NMC and NISCC, to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with AccessNI and satisfactory references had been sought and received, prior to the staff

member starting their employment. For agency staff, their profile was maintained, which included information on the AccessNI check and the NMC/NISCC checks.

A record of staff including their name, address, contact number, position held, contracted hours, date of receipt of AccessNI certificate, date commenced and date position was terminated (where applicable) was maintained electronically and provided an overview of all staff employed in the home. This additional detail supplemented the information contained in the staff recruitment files as required in accordance with regulation 19(2), schedule 4(6) of The Nursing Homes Regulations (Northern Ireland) 2005.

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 explained that they would review the induction record when the staff completed their probationary period. A review of records also confirmed that agency staff received an induction to the home.

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.

All staff consulted with stated that they had completed their mandatory training. For agency staff, the registered manager received a profile which included information on their compliance with mandatory training requirements. The registered manager used a matrix to monitor staff compliance with mandatory training requirements; however, this was not up to date. Following the inspection, the registered manager submitted an up to date training matrix, to RQIA by email on 19 June 2017, which confirmed that the majority of staff had completed their mandatory training. This information informed the responsible persons' monthly quality 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 staff were appropriately managed in accordance with NMC. Similar arrangements were in place to ensure that care staff were registered with NISCC.

Staff consulted with, were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The staff understood what abuse was and how they should report any concerns that they had.

A safeguarding champion had been identified and discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. Discussion with the registered manager also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of patient care records evidenced that validated risk assessments were completed as part of the admission process and were reviewed as required. These risk assessments informed the care planning process.

As discussed in section 6.2, a review of the accident and incident records confirmed that the falls risk assessments and care plans were reviewed on a regular basis; however, there was no evidence that the falls risk assessments and care plans were reviewed, when patients had fallen. This had been identified previously as an area for improvement on two separate occasions; this has now been included in the areas for improvement under the regulations.

There were processes in place to check that emergency equipment, such as the suction machines, were regularly checked as being in good order and fit for use. This meant that in the event of an emergency the equipment was ready for use. Other equipment checks, such as hoist and sling checks were also completed to ensure that the equipment was safe to be used.

The home has an ongoing refurbishment programme. Works had been undertaken to convert one bedroom to a meeting room and a second bedroom had been removed to install a visitor's toilet and increase the size of the nurses' station and manager's office. While it was evident that the works completed had enhanced the environment of the home, an application to vary the registration of the home has not been submitted to RQIA. The works had been completed to a good standard and did not directly affect patients; however the removal of two bedrooms did affect the overall numbers of registered places. This has been identified as an area for improvement under the regulations.

A follow up inspection was undertaken by the RQIA estates inspector on Monday 19 June 2017; and will be reported under separate cover.

A review of the remaining home's environment was undertaken which included a number of bedrooms, bathrooms, shower and toilet facilities, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout.

However, the sluice room on the ground floor was untidy and required cleaning. There were a number of bedpans stored on the floor; and the cistern lid was missing. The cleaning schedule for the sluice room was not available on the day of the inspection. This has been identified as an area for improvement under the regulations.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, the emergency evacuation register was not up to date and did not include the details of all the patients accommodated in the home. This has been identified as an area for improvement under the care standards.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the recruitment processes and staff development; risk management processes; and adult safeguarding.

## Areas for improvement

Areas for improvement made under the regulations related to the falls risk assessments; the application process for varying the registration status of the home; and infection prevention and control practices. Areas for improvement made under the care standards related to the updating of the emergency evacuation register.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	1

### 6.5 Is care effective?

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

Review of seven patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

However, as discussed in section 6.2, a review of three fluid intake charts evidenced inconsistencies in the completion of patients' fluid intake records. There was also evidence within the daily progress notes that the registered nurses did not have oversight of the fluid records. This was evidenced in one care record, where the written record reflected that a patient had 'a good oral intake', contrary to that recorded on the fluid intake chart. This area for improvement was not met and has been stated for the second time.

A review of patients' bowel records also evidenced gaps in recording. There was no evidence that this aspect of care delivery was being monitored by the registered nurses, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken. This has been identified as an area for improvement under the regulations.

Despite these areas for improvement identified above, there were also examples of good practice evidenced during the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. There was no formal wound assessment template in use in the home; however, RQIA were satisfied that there was evidence of wound assessment within the daily progress notes.

A review of repositioning records evidenced that patients were repositioned according to their care plans.

Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review.

Where patients had been identified as being at risk of losing weight, their weights were regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. Although there was evidence that the registered manager had oversight of the weekly and monthly weights, advice was given in relation to how the electronic system in use could be better utilised to provide enhanced oversight of the patients' weights over a longer period of time.

Care plans were developed for patients who were prescribed antibiotic therapy for the treatment of acute infections; and patients who had urinary catheters in place, had care plans in place, to ensure that they were managed in keeping with best practice guidance.

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.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. A staff meeting was held on the day of the inspection. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

All those consulted with confirmed that if they had any concerns, they could raise these with the staff and/or the registered manager. However, the last patients'/relatives' meeting had been held in April 2016. This has been identified as an area for improvement under the care standards.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management of wound care and repositioning; modified diets and monitoring of weight loss; urinary catheter care and management of infections; and communication between patients, staff and other key stakeholders

## Areas for improvement

An area for improvement was identified under the regulations in relation to the oversight registered nurses had of patients' bowel movements, to ensure that appropriate action is taken in a timely manner. Another area for improvement was identified under the care standards, in relation to patients' and relatives' meetings.

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

### 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.**

Consultation with seven patients individually and with others in smaller groups, confirmed that patients were afforded choice and privacy. 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. Patients were consulted with regarding meal choices, snacks and drinks throughout the day. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

We observed the lunch time meal in two dining rooms. The lunch served appeared appetising and patients spoken with stated that they were satisfied with the meals provided. The atmosphere was quiet and tranquil and patients were encouraged to eat their food; assistance was provided by staff, as required. We also observed that menus were displayed in pictorial format on the dementia unit to assist in making choices and to provide an awareness of the meal to be served. However, the menus displayed did not reflect the meal served. This was discussed with the registered manager, who agreed to address this with the staff.

There was evidence of regular church services to suit different denominations.

The care plans detailed the 'do not attempt resuscitation' (DNAR) directive that was in place for the patients, as appropriate. This meant up to date healthcare information was available to inform staff of the patient's wishes at this important time to ensure that their final wishes could be met. At the time of the inspection no one was receiving end of life care.

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 their relatives in a kindly manner. We read some recent feedback from patients' representatives. One comment included praise for the care and attention given to a patient, when receiving end of life care and described the staff as being like 'a second family' to them.

However, discussion with the registered manager confirmed that there had not been an annual quality audit undertaken, to obtain the views of patients and their representatives and staff on the quality of the service provided. This has been identified as an area for improvement.

During the inspection, we met with seven patients, five care staff, two registered nurses and four patients' representative. Some comments received are detailed below:

### **Staff**

"The care is very good".

"It is quite good, we have a good team".

'I have no concerns'.

'I am happy with the care'.

### **Patients**

"I have no complaints".

'They are very polite".

"All is fine here".

'It is not too bad".

'I couldn't say a bad thing about them".

'I have no complaints, the staff are polite".

Patients generally commented in relation to the lack of activities available in the home. Specific comments made by two patients, in relation to the attitude of staff were discussed with the registered manager, who addressed these matters with the staff on the day of the inspection.

### **Patients' representative**

"I have never seen anything bad here".

"We are far happier with the new management, we have no concerns".

"They seem to be well looked after here".

"Across the board, we are very pleased".

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. No questionnaires were returned within the timeframe for inclusion in this report.

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 of good practice**

There were examples of good practice found throughout the inspection in relation to patients being afforded choice and privacy; and patients consulted with were satisfied with the variety and standard of the food. Positive comments were received in relation to the care provided and there was evidence that the staff managed end of life care in a respectful manner.

## Areas for improvement

An area for improvement made under the regulations related to the completion of the annual quality audit.

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

A new registration certificate will be issued to the home, to reflect the change in registered places, once the application to vary the registration of the home has been processed. A certificate of public liability insurance was current and displayed.

There was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. 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. Staff were able to identify the person in charge of the home in the absence of the registered manager.

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 Care Standards for Nursing Homes 2015. Patients were aware of who the registered manager was.

Discussion with the registered manager and 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, infection prevention and control, environment, complaints, incidents/accidents and bed rails. However, as discussed in section 6.3, it was disappointing that the cleanliness of the sluice room had not been identified through the home's own auditing systems.

As discussed in section 6.2, although there was evidence of improvements in the auditing of the care records; the system was not sufficiently robust, in that identified areas were not consistently followed up in a timely manner. This recommendation was partially met and has again been identified as an area for improvement.

A review of the falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.



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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. However, the quality monitoring report was not available in the home until requested by the inspector on the day of the inspection. Advice was given to the registered manager in relation to the need for this to be returned to the home within a meaningful timeframe. This would ensure that any matters identified for action could be followed up the registered manager in a timely manner.

### Areas of good practice

There were examples of good practice found in relation to the governance and management arrangements. There were good working relationships evident within the home.

### Areas for improvement

Although no areas for improvement were identified in this domain, it should be noted that areas for improvement have been identified in the three other domains. In addition, three areas for improvement previously stated were not met and have been stated again in this report.

	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 Sharon Smyth, 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 DHSSPS 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 to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>The registered persons must ensure that patients' total fluid intake are recorded in the daily progress notes, to evidence validation by registered nurses and to identify any action taken in response to identified deficits.</p> <p>Ref: Section 6.2 and 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This advice has been implemented and action taken when necessary. This will be included in monthly audits of progress notes</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>The registered person shall ensure that the falls risk assessment is reviewed in response in changes to the residents' condition and the care plan amended accordingly.</p> <p><b>Previously stated on two occasions, as an area for improvement in relation to the care standards.</b></p> <p>Ref: Section 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We will ensure the falls risk assessment is reviewed following a fall</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2017</p>	<p>The registered person shall submit a variation application to vary the registration of the home; and continue to demonstrate an awareness of the legislation in relation to this process.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This was submitted to the RQIA on the 20<sup>th</sup> June - awaiting a response/approval from Estates Department</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2017</p>	<p>The registered person shall make suitable arrangements to ensure that the standard and monitoring of cleanliness throughout the home is maintained.</p> <p>This must include robust systems and processes that provide traceability and follow up on identified areas.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A high standard of cleanliness will be maintained in the home and particular attention given to the sluice area, as outlined in the report as</p>

	the area needing improvement
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<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2017</p>	<p>The registered persons shall ensure that registered nurses have oversight of the bowel records, to ensure that indicators of constipation are identified and acted upon; this information should be included in the daily progress notes.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This advice has been implemented and will be audited monthly</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2017</p>	<p>The registered persons shall ensure that the annual quality report is completed.</p> <p>Ref: Section 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> A Quality report has been devised and is currently with residents and their families. The results will be compiled by the beginning of September.</p>
<p><b>Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> Third and Final time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>A system of robust auditing should be implemented, to ensure that care records meet regulatory and professional standards. Traceability of the identified records and follow up on identified areas should be evident</p> <p>Ref: Section 6.2 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The audit process has been reviewed to include this advice</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection</p>	<p>The registered person shall ensure that the emergency evacuation register is accurate to ensure that it is reflective of all patients accommodated within the home.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This is now checked on a daily basis to ensure accuracy</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 August 2017</p>	<p>The registered persons shall review the methods available for engagement with patients/patients' representatives to ensure they are effective.</p> <p>Ref: Section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All engagement with patients and their families will be reviewed and their views sought as to the most effective method of engagement.</p>

***\*Please ensure this document is completed in full and returned [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\****



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