



# Unannounced Care Inspection Report 24 January 2019



## Antrim Care Home

**Type of Service: Nursing Home**  
**Address: 88 Milltown Road, Antrim, BT41 2JJ**  
**Tel No: 028 9442 8717**  
**Inspectors: James Lavery and Kate Maguire**

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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 for up to 51 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> 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) I – Old age not falling within any other category. DE – Dementia. 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> 51

### 4.0 Inspection summary

An unannounced inspection took place on 24 January 2019 from 09.45 to 16.15 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 staff training, adult safeguarding, monitoring the professional registration of staff and collaboration with the multiprofessional team. Further areas of good practice were also noted in regard to end of life care, staff communication with patients, the provision of activities and the spiritual care of patients. In addition, good practice was evidenced in respect of complaints management, the reporting of notifiable incidents and monthly monitoring reports.

Two areas for improvement under the standards were stated for a second time in relation to the timeliness of care plans and the nutritional care of patients.

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. 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>	0	*2

\*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Smyth, registered manager, and Eddy Kerr, group operations 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 31 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 October 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 may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspectors met with three patients individually and other patients who were sitting within group settings; three staff and three visiting professionals. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined and/or discussed during 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
- accident and incident records
- complaints records
- three patients' care records & supplementary repositioning charts for one patient
- staff supervision and appraisal governance records
- agency staff induction records
- notifiable incidents to RQIA
- RQIA registration certificate
- 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 group operations 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 31 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and 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 6 August 2018

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 persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment highlighted three areas in which COSHH regulations were not fully adhered to. These were brought to the attention of the registered manager who ensured that this was addressed before completion of the inspection. It was further agreed with the registered manager that the importance of consistent compliance with COSHH regulations would be reinforced with staff during further staff supervision and scheduled staff meetings in 2019.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4)(a) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times. This relates specifically to topical creams and thickening agents.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment confirmed that this area for improvement was satisfactorily met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time</p>	<p>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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that this area for improvement had been satisfactorily met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 27 (4) (b) (c) (d) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices provided assurances that adequate precautions against the risk of fire had been taken and that best practice guidance in relation to fire safety was embedded into practice.</p>	



<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time	The registered person shall ensure that access to and egress from the home is managed in such a manner as to promote the autonomy and safety of patients at all times. This shall include the completion/regular review of a deprivation of liberty safeguard assessment for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Feedback from the registered manager and patients confirmed that patients were assisted with effective access to and egress from the building. It was also noted that the keypad number for the main entrance doorway was suitably displayed within the building.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	The registered person shall ensure that the internal environment of the Riverside suite is maintained in a manner which promotes, orientates and enables those patients who live there. This shall include, but is not limited to person centred signage on bedroom doors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the Riverside suite and feedback from the activity therapist evidenced that personalised bedroom signage was in use, as appropriate. Patients using the 'Easy does it' lounge which is located within the Riverside suite appeared settled, comfortable and familiar with their environment.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that appropriate signage relating to the use of oxygen therapy is in place throughout the home at, as necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Appropriate signage was noted to be in place in any areas in which oxygen therapy was in use.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the pressure area care/repositioning of patients:</p> <ul style="list-style-type: none"> <li>• A comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required. The use of any pressure relieving equipment should also be accurately referenced.</li> <li>• supplementary repositioning records shall be completed in a comprehensive and accurate manner, including the position of the patient following each repositioning intervention by staff</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the care records for one patient who required assistance with regular repositioning confirmed that this area for improvement was met. These findings are discussed further in section 6.5.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the nutritional care of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and patient centred nutritional risk assessment will be completed/regularly reviewed</li> <li>• Patients' assessed nutritional needs will be effectively communicated with kitchen staff who shall retain such records for inspection, as necessary.</li> </ul>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The care record for one patient who required a diabetic diet was reviewed. This is referenced further in section 6.5.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' care plans are completed in a timely manner in keeping with best practice guidelines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The timeliness with which nursing staff completed one patient's care plans was reviewed. This is discussed further in section 6.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff collaborate with patients, patients' representatives, as appropriate, before the implementation of any restrictive measures and document such engagement. Relevant care planning and risk assessments should evidence how the restrictive measure being adopted is necessary, proportionate and the least restrictive option available.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The care record for one patient who required the use of an alarmed pressure mat was reviewed. It was agreed with the registered manager that such items of equipment are considered to be a form of restrictive practice in keeping with the Care Standards for Nursing Homes 2015 and associated best practice guidance. It was good to note that the care record evidenced a detailed and person centred care plan which also cross referenced a related falls risk assessment. Discussion with the patient's next of kin provided further assurance that use of this equipment had been fully discussed in advance and that suitable consent had been obtained. This practice is commended.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that the dining issues identified during this inspection are managed to ensure that the dining experience of patients is promoted in line with current best practice guidance.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the dining experience of patients confirmed that this area for improvement had been satisfactorily met. These observations are discussed further in section 6.6.</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manger and review of two recent monthly monitoring reports evidenced that these visits had been completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015.</p>		

### 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 monthly 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 sick leave when necessary. Discussion with staff and patients provided assurances that they had no concerns regarding staffing levels.

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 supervision and appraisal. Feedback from staff indicated a high level of motivation and sense of being supported by the registered manager. One staff member stated "I'm well supported."

Feedback from 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 demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. One nurse on duty stated that they liked the home a lot and described a long list of training which they had recently undertaken including enteral feeding, diabetes, palliative care and safeguarding.

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.

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. One staff member who was spoken with stated that they liked working in the home and with the staff who they believed worked well together. When asked about safeguarding, the staff member was aware of their responsibility to report anything of concern to the nurse in charge or directly to the registered manager. The staff member confirmed that they had never seen any practice of concern and that patients were treated well by staff. They also stated that colleagues were very caring, especially in regard to providing personal care to patients in a respectful and private manner. They spoke of the importance of emotional support and described helping a patient who was feeling lonely and how they offered comfort by being there with them.

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 and care staff with the Northern Ireland Social Care Council. Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. A relaxed atmosphere was noted throughout the home on the day of inspection and the majority of patients' bedrooms had been tastefully decorated in a comfortable and person centred manner. Vinyl flooring within one identified sluice was noted to be in poor repair and the registered manager confirmed that this was to going be replaced as soon as possible.

Observation of staff practices confirmed that they adhered to infection, prevention and control (IPC) best practice standards and guidance. It was noted that unlaminated signage was evident in several areas and that one clinical waste bin was in poor repair. The registered manager agreed that all internal signage would be maintained in keeping with IPC best practice standards and that the identified bin would be repaired/replaced as necessary.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and monitoring the professional registration of staff.

## Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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. Feedback from both the registered manager and staff evidenced a consistent sense of team work and the need for effective and patient centred communication. All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. One staff member spoke of how they felt supported by the registered manager and that staff are treated as people and not numbers. They also described feeling competent in undertaking their duties and that nurses communicate their instructions well.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the registered manager. Staff spoke positively about working within the home. With regard to the care of patients, one staff member stated that they were well looked after and very contented.

Regular communication with representatives within the daily care records was also found. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). During the inspection, we had opportunity to speak with three visiting professionals about the standard of care within the home. Feedback from the registered manager and two visiting G.P.s highlighted that nursing/care staff enthusiastically participate in a G.P. led initiative which allows for regular and consistent visits to the home by medical staff. Feedback from both the registered manager and G.P staff highlighted that this approach had directly contributed to an improved and patient centred approach to care delivery; it was also noted that this regular collaboration with local G.P.s had helped facilitate an increasingly responsive approach to managing patient's care needs with the added benefit of fewer patient referrals to both the G.P. out of hours service and local emergency department. It is worth noting that one of the G.P.s spoken with, identified a particular member of the nursing team who they felt was very compassionate and kind with the patients. This was shared with the registered manager.

In addition, it was highlighted that the registered manager contributes, via telephone, to a weekly multiprofessional team meeting with a range of other professionals such as physiotherapists, occupational therapists and social workers, in order to review various patients' needs. Feedback from visiting professionals also evidenced that the registered manager and staff are highly committed to the effective rehabilitation of those patients admitted to the home for time limited periods of convalescence. Comments made by those visiting professionals spoken with included the following remarks:

- “Staff are brilliant.”
- “Home manager is very very good.”
- “Staff are clinically proactive.”
- “The home is the best I've experienced in terms of communication.”

It was particularly positive to note that medical staff stated that the registered manager and her team had provided excellent end of life care on several occasions to different patients who had required palliative nursing.

The care record for one patient requiring regular assistance with repositioning was reviewed. It was positive to note that a person centred and comprehensive care plan was in place which clearly directed staff as to the assessed needs of the patient. Suitable and detailed risk assessments were also evident. While daily nursing entries and supplementary repositioning records provided assurance that the patient's repositioning needs were being consistently met, it was noted that supplementary repositioning records were only being partially completed on occasion. This was highlighted to the registered manager who agreed to ensure that all staff are reminded of the need to ensure that such records are completed fully. The registered manager further agreed to monitor staff compliance in this aspect of care delivery.

The nutritional care of patients was also reviewed, which included review of the care record for one patient who required a diabetic diet. Discussion with the registered manager and kitchen staff confirmed that staff were familiar with the patient's assessed dietary needs. It was also noted that the patient's dietary requirements had been effectively communicated in writing to kitchen staff by the nursing team. However, the care record lacked any evidence of a suitably completed nutritional risk assessment which could help inform relevant care planning. This was highlighted to the registered manager and an area for improvement was stated for a second time.

The inspectors also reviewed the timeliness with which nursing staff provide written care plans for patients. Review of the care record for one patient confirmed that several appropriate risk assessments had been completed following their admission. However, it was noted that associated care plans had not been completed within expected timescales for best practice. This was highlighted to the registered manager who agreed that suitable care plans would be put in place as soon as possible. An area for improvement under the standards was stated for a second time. The registered manager also stated that the matter would be investigated further with nursing staff as appropriate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team, end of life care and staff communication.

## Areas for improvement

Two areas for improvement were stated for a second time in regard to the timeliness of care plans and the nutritional care of patients.

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

### 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 timely, compassionate and caring. Patients were observed interacting with staff in an enthusiastic and spontaneous manner throughout the inspection. 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.

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.

At the time of writing this report, one patient's relative questionnaire was returned within the specified timescales. The respondent stated that they were very satisfied with care provision which they considered to be compassionate and well led. 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. Staff were observed assisting patients with mobilising in a patient and calm manner while using respectful and encouraging language. Feedback from patients and patients' relatives/representatives included the following remarks:

- "I love to complain but I can't complain about anything in here; it's so good." Interestingly, this comment was made by a patient who had been admitted for a limited period of convalescence and who expressed a strong desire to go home to her own house and despite this, still had praise for the home.
- Another resident who has lived in the home a number of years said "Oh I just love it here; it's great, it's like a home. The staff are wonderful and Sharon (registered manager) does everything for you, she's great."
- Finally we spoke with a patient who had just arrived in the home the night before. He said "I was discharged from hospital at 8pm and it was a cold wintery night that was dark and snowy. It was great to arrive to; it was warm and well lit up and I was made to feel very welcome; the place looked lovely. The staff are excellent, very very nice I couldn't say a bad word."

Review of the environment, specifically, activity notice boards, in addition to feedback from patients and the activity therapist, evidenced a varied and ongoing range of social events/activities for patients and their families. Patients appeared relaxed and comfortable in various parts of the home and were observed interacting with staff in a relaxed and enthusiastic manner.



Feedback from the registered manager confirmed that the spiritual needs of patients is also considered a priority within the home. It was positive to note that a religious service was underway within the home during the inspection and was available to any patients who chose to attend. The registered manager demonstrated a good awareness of the need to ensure that the spiritual needs of patients are attended to in a sensitive and individualised manner.

The dining experience of patients was also observed. One inspector asked some patients if they minded that she join them for lunch and they replied that they would be delighted. Most of the patients came to the dining room independently and most had a preference for where and who they wanted to eat with. Those who needed assistance were given it by the care staff. On arrival, patients were offered a choice of drinks, different favours of juice or water.

Each patient was offered a choice of a home cooked meal of roast chicken or beef pie. The meal was accompanied with plenty of fresh vegetables and different types of potatoes. There were also lighter options for those who preferred this. For example, one patient had a baked potato and tuna. Other patients were provided with food which met their swallowing needs as assessed by SALT. There were plenty of staff at the lunch time service to assist those who needed additional support. Several patients had napkins provided but not all required or wished for this.

There was plenty of friendly chatter between patients sitting at the tables and staff interacted well with the patients with good humoured, polite and respectful chit chat. The cook came from the kitchen and said hello to people and helped ensure everyone received what they had ordered. On arrival into the dining room, one patient called to the cook and said “My favourite is curry isn’t it?” As it happens, there had been a curry themed night on the week before the inspection and this had gone down well with the patients.

The lunch was relaxed and as patients finished their lunch they were offered a cup of tea; some chose not to have any and left the dining hall whilst others chose to remain and chat.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff communication with patients, the provision of activities and the spiritual care of patients.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<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 were able to describe their roles and responsibilities and 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 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. Discussion with the registered manager and review of governance records confirmed that any expression of dissatisfaction would 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. It was positive to note that these reports contained action plans with time bound goals and showed evidence of continued improvement within the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, the reporting of notifiable incidents and monthly monitoring reports.

### Areas for improvement

No areas for improvement were identified during the inspection 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 Sharon Smyth, registered manager, and Eddy Kerr, group operations 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 21 February 2019</p>	<p>The registered person shall ensure the following in relation to the nutritional care of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and patient centred nutritional risk assessment will be completed/regularly reviewed</li> </ul> <p>Ref: 6.2. &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> We will work with the NHSCT to ensure that we have adequate information on admission to allow us to complete an accurate nutritional assessment</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients' care plans are completed in a timely manner in keeping with best practice guidelines.</p> <p>Ref: 6.2. &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff will be given dedicated time to complete care plans within 5 days of admission, especially at times when there are numerous admissions over the space of a few days</p>

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



The **Regulation** and  
**Quality Improvement**  
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