



Unannounced Care Inspection Report 14 August 2018



Dunanney Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Road, Newtownabbey, BT36 6UW
Tel no: 028 9084 9349
Inspector: James Lavery

www.rqia.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 and residential care for up to 40 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual(s): Mr Christopher Walsh	Registered Manager: Christina Dobruszek-McGuigan
Person in charge at the time of inspection: Upon arrival: Staff Nurse Steluta Preda. 12.40 onwards, Kieran McArdle, acting manager.	Date manager registered: 29 May 2018
Categories of care: Delete as required: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 40 There shall be a maximum of 3 named residents receiving residential care in category RC-I and 3 named residents receiving residential care in category RC-MP(E).

4.0 Inspection summary

An unannounced inspection took place on 14 March 2018 from 08.55 to 18.00 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 monitoring the professional registration of staff, the management of notifiable incidents, falls management and the use of restrictive practices, compassionate communication with patients, the selection and recruitment of staff and staff meetings.

Two areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices and the timely review of patients' care plans. Two further areas for improvement under regulation were stated for a second time in regards to the safe and secure storage of medicines and nutritional care.

Four areas for improvement under the standards were identified in relation to interior signage, access/egress from the home and pressure area 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
Total number of areas for improvement	*4	4

*One area for improvement made at the previous care inspection under regulation has been subsumed into a new area for improvement under regulation at this inspection. Two further areas for improvement under regulation have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ciaran McArdle, manager, and Christopher Walsh, 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 20 March 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 March 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 serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector and lay assessor met with 10 patients, three staff and two patients' relatives. 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.

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.

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

The following records were examined/discussed during/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
- four patients' care records;
- one patients' repositioning supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to infection control; supplementary care charts and care records
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- 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 manager and 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 20 March 2018

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 20 March 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
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: Second time	The registered persons shall ensure that chemicals are stored in keeping with COSHH regulations.	Met
	Action taken as confirmed during the inspection: Observation of the environment and staff practices confirmed that chemicals were stored in keeping with COSHH regulations.	
Area for improvement 2 Ref: Regulation 12 (1) (a)(b), 16 (2) Stated: Second time	The registered persons shall ensure the following in relation to patients receiving wound care: <ul style="list-style-type: none"> • The all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team • that care records evidence the use of pressure relieving equipment and specify any required settings, as required • that the delivery of care complies with the recommendations of the multidisciplinary team and relevant care plans at all times • that supplementary repositioning charts are completed comprehensively and contemporaneously at all times 	Met

	<p>Action taken as confirmed during the inspection: Review of care records for two patients who required wound care evidenced that the use of pressure relieving equipment was referenced. Records further evidenced that the delivery of care complied with the recommendations of the multidisciplinary team. While supplementary repositioning charts had been completed comprehensively, the quality of the templates being used was poor; this is discussed further in section 6.5. Both patients' care records contained wound care plans which referenced either the dressing regimen and/or the involvement of a tissue viability nurse (TVN).</p>	
<p>Area for improvement 3 Ref: Regulation 13 (7) Stated: 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> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that while the majority of the IPC deficits identified during the previous inspection had been addressed, one had not been, specifically, torn wall paper within the first floor lounge. In addition, further IPC shortfalls were identified and are discussed in section 6.4.</p> <p>This area for improvement has been partially met and has been subsumed into a new area for improvement.</p>	<p>Partially met</p>
<p>Area for improvement 4 Ref: Regulation 13 (4) Stated: First time</p>	<p>The registered person shall ensure that all patients' medicines are stored safely and securely within the home at all times.</p> <p>Action taken as confirmed during the inspection: Observation of the environment highlighted two areas in which patients' medicines had not been stored safely or securely.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nutritional care is delivered in accordance with best practice guidelines and that care plans and supplementary records are completed accurately and comprehensively. Multi-professional advice should also be communicated with all staff, as appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment, review of care records for one patient and discussion with staff evidenced that this area for improvement has not been satisfactorily met. 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>Not met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that appropriate signage is provided within the home which promotes the orientation and comfort of patients, specifically those areas identified on inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that appropriate signage was provided within the home which promoted the orientation and comfort of patients, specifically relating to communal areas identified during the previous inspection. However, other deficits in relation to interior signage were highlighted and are discussed in section 6.4.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system in the areas identified during this inspection, as appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that nurse call leads were available within the areas identified during the previous inspection.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 40 Stated: First time	The registered person shall ensure that a robust governance system is implemented and monitored which ensures that all staff receive supervision and appraisal in compliance with best practice standards.	Met
	Action taken as confirmed during the inspection: Review of care records provided by the manager following the inspection confirmed that a robust governance system was in place which helped ensure that all staff receive supervision and appraisal in compliance with 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 manager/nursing staff 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 manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The manager advised that from 30 July 2018 to 12 August 2018 there were eight occasions when planned staffing levels were not fully adhered to. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels. However, staffing levels and the use of agency staff was a concern raised by one relative during the inspection. A further relatives' questionnaire which was received following the inspection contained the following comment: "Should be more contact with patient[s] from staff." It was also noted that minutes of a relatives' meeting which occurred on 4 July 2018 and which were displayed on the first floor, made reference to relatives' concerns regarding staffing levels. The minutes also advised that relatives considered that the delivery of care to patients was good.

Observation of care delivery during the inspection was not observed to have been negatively impacted by the quantity/skill mix of staff on duty. The need to ensure that staffing is managed in a manner so as to ensure that the quantity/skill mix of staff on duty appropriately meets the assessed care needs of patients was highlighted.

Discussion with the manager and review of governance records submitted to RQIA following the inspection 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.

Discussion with the 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. Staff awareness with regards to adult safeguarding is discussed further below.

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 manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. While the majority of staff spoken with demonstrated good awareness of their responsibilities with regards to reporting any safeguarding concerns, one staff member did not. This was discussed with the manager and it was agreed that safeguarding roles and responsibilities would be included in the agenda of a general staff meeting scheduled for 15 August 2018. The importance of embedding safeguarding policies into practice at all times was stressed.

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 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). 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. 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. Observation of signage on patients' bedrooms was found to be either unlaminated, absent and/or contradictory in several areas. An area for improvement under the standards was identified. It was also found that one area in which oxygen therapy was in use, lacked appropriate signage to alert patients/visitors to this fact. An area for improvement under the standards was made.

During the inspection, it was noted that two patient's bedrooms were having new floors fitted. Consequently, items of bedroom furniture from these rooms had been placed temporarily along one side of the corridor in which the bedrooms were located and underneath one stairwell. Observation of the aforementioned stairwell highlighted that some patient equipment and a pram had also been stored there. The need to ensure that such stairwells are clear and allow for unobstructed access to designated fire exits was stressed. It was further noted that one room used by staff on the first floor was cluttered and untidy. This was discussed with the manager and the importance of ensuring that all areas within the home are maintained in a manner which promotes safe and health working practices was emphasised.

Access to each floor was via a doorway which could be unlocked using an adjacent switch. An electronic keypad was also used at each of these doorways to facilitate egress for patients/visitors. The use of these keypads were discussed with the manager and operations manager. While it was agreed that security measures are an important aspect of preventing unauthorised access to the home in order to protect patients and their valuables, the need to ensure that such restrictive measures are used in conjunction with guidance from the department of Health (DoH) on human rights and the deprivation of liberty (DoLs) and in keeping with the home's registration categories was highlighted. An area for improvement under the standards was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: handrails were noted to have been ineffectively cleaned; skirting within one communal toilet was in disrepair; one wall mounted hand gel dispenser was faulty and cleansing wipes had been inappropriately stored. 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 regulation was made. It was also observed that wallpaper within the first floor lounge was torn in several places; this deficit was highlighted during the previous care inspection and has been subsumed into the aforementioned area for improvement relating to infection control.

Observation of the environment further identified three areas in which medicines had not been stored securely. This was highlighted to the manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the management of notifiable incidents.

Areas for improvement

One area for improvement under regulation was identified in relation to infection, prevention and control practices. One further area for improvement was stated for a second time in relation to the safe and secure storage of medicines.

Three areas for improvement under the standards were made in relation to interior signage and access/egress from the building.

	Regulations	Standards
Total number of areas for improvement	1	3

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 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 feedback also highlighted that a daily 'briefing' occurs at 11.00 hours on each floor during which patients' prescribed care needs are reviewed and discussed by nursing/care staff. One staff member commented that this was "helpful."

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. Staff spoke positively about working within the home. One staff member stated that the registered manager "is very approachable."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses, 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. Review of the care plans for one patient which should have been reviewed on a monthly basis highlighted that they had not been reviewed by nursing staff since June 2018. An area for improvement under regulation was made.

Review of the care record in relation to one patient who was assessed as being at a moderate risk of developing pressure sores confirmed that the patient had been assisted with repositioning care in compliance with the relevant care plan. However, it was noted that within the patient's daily communication records, nursing staff had recently noted a slight deterioration in the condition of the patient's skin but documented no ongoing action to address/monitor this. In addition, supplementary repositioning records which were of poor photocopied quality, did not consistently reference the frequency with which the patient should be repositioned and were illegible in places. An area for improvement under the standards was made.

Weaknesses were also noted with regards to the provision of nutritional care to patients. Review of the care record for one patient who required a modified diet and ongoing nutritional care confirmed that while there was evidence of collaboration with SALT professionals, a relevant risk assessment and care plan were inaccurate and/or contradictory. It was further noted that supplementary dietary intake records which were maintained by care staff did not accurately reference the patient's assessed risk of choking. Observation of the dining/kitchen environment and discussion with kitchen staff further highlighted that signage used to indicate patients' assessed dietary needs inaccurately described this patient's received SALT recommendations. These deficits were immediately highlighted to the manager who was requested to ensure that the identified patient's dietary records were updated. The manager was further requested to ensure that care/kitchen records for all patients within the home requiring a modified diet were reviewed to ensure their accuracy and the safety and well-being of patients. The manager confirmed following the inspection that this had request had been actioned. A safeguarding referral in relation to a choking incident which had occurred within the home since the previous care inspection was also discussed with the manager. The importance

of effectively monitoring the nutritional care of all patients was stressed and an area for improvement under regulation was stated for a second time.

Review of the care record for one patient who was assessed as being at a high risk of falls evidenced that a comprehensive risk assessment was in place and had been recently reviewed. A corresponding falls diary and care plan were also maintained. It was also positive to note that the care plan accurately referenced the use of a restrictive measure, namely a pressure alarm mat and had been signed by the patient’s next of kin. This practice is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to falls management and the use of restrictive practices.

Areas for improvement

An area for improvement under regulation was made with regards to the timely review of care plans. A second area for improvement was restated regarding nutritional care.

One area for improvement was identified in regards to pressure area care for patients.

	Regulations	Standards
Total number of areas for improvement	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.

Staff interactions with patients were observed to be timely, compassionate and caring. For instance, one patient who exhibited a degree of confusion was offered a cup of tea by staff prior to the serving of lunch and gently reassured.

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 manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner. One distressed patient was highlighted to the manager who demonstrated a good awareness of the patient’s medical history and assessed care needs. It was agreed that appropriate contact would be made by the manager with other health professionals involved in the patient’s care in order to review ongoing care arrangements.

Feedback received by the lay assessor from several patients was positive during the inspection. 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, three patients' questionnaires, five patients' relatives' questionnaires, one staff questionnaire and one partially completed questionnaire were received. No patients' or staff questionnaires highlighted any dissatisfaction with the delivery of care. Two patients' questionnaires completed during the inspection included the following comments:

"I'm looked after all right."
 "They're very good in here."

The majority of patients' relatives' questionnaires confirmed a high level of satisfaction with the provision of safe and effective care. Comments received from patients' relatives via questionnaires completed during the inspection included the following:

"... is generally well looked after."
 "The main issue we would have is that at times there is a lack of staff and there are more agency staff."
 "I get whatever I need."

Questionnaire comments received after specified timescales will be shared with the 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. While the majority of staff wore appropriate personal protective equipment (PPE) during the serving of lunch, one did not. The importance of all staff adhering to effective infection control standards throughout all mealtimes was highlighted. It was positive to note that one care staff member was observed gently assisting/encouraging a patient who was eating lunch within their bedroom. When this was unsuccessful, the staff member offered the patient alternative options in an encouraging and compassionate manner. This practice is commended. It was noted however, that during the serving of breakfast in one dining area, a radio was left switched on in a manner that was not conducive to the dining experience of patients. This was highlighted to the manager and operations manager who agreed that this should be monitored closely by staff during all meal times.

Observation of one patient's bedroom highlighted signage on a wall which directed staff in regards to some aspects of care delivery. While it was recognised that care delivery should be person centred at all times, the need to ensure that such instructions for staff are communicated in a way that promotes patients' dignity at all times, was stressed. The manager proposed that the identified signage should be placed in a more discreet location and agreed to action this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compassionate communication with patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 manager and staff evidenced that there was a clear organisational structure within the home. 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 manager and operations 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 manager and operations 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 manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the 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. Review of care/governance records confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the 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.

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: smokers' risk assessments; weight loss analysis; housekeeping; care plans and pressure sores. Review of the care plan audit highlighted that two patients' care records were audited and found to be satisfactory by the auditor. However, care plans within one of these patients' care records were found to be inaccurate, specifically relating to nutritional care – this is referenced further in section 6.5. This was highlighted to the manager and it was stressed that audits must be completed in an accurate and robust manner at all times in order to ensure effective quality assurance of care delivery to patients. 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 the selection and recruitment of staff and staff meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Ciaran McArdle, manager, and Christopher Walsh, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients' medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff were reminded on the day of the inspection to ensure the safe storage of medication. This will also be discussed again in staff meetings scheduled to be held on the week beginning the 8th October 2018</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that nutritional care is delivered in accordance with best practice guidelines and that care plans and supplementary records are completed accurately and comprehensively. Multi-professional advice should also be communicated with all staff, as appropriate.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All speech therapy care plans have been updated to reflect the current assessed needs of all residents within the home as of the 2nd and 3rd October 2018. A folder has been placed in both dining rooms for all staff to advise as to the recommended guidelines for each resident. There is also a folder for catering staff that has been updated to reflect current guidelines on 4th October 2018. All pre-existing boards that were used to display this information are no longer in use for this purpose. The above will also be discussed in more detail at staff meetings scheduled to be held on the week beginning 8th October 2018. All menu sheets used within the home were also updated for catering staff to reflect current needs.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 25 September 2018</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> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff meeting will be held on the week beginning the 8th October. An infection control audit was carried out on the 2nd and 3rd October and an action plan given to the house keeper for action- this included cleaning of handrails, wall mounted handgels. The wall paper on the first floor lounge has been ordered and will be replaced as soon as it is received. Ongoing maintenance will be carried in in relation to skirting boards etc moving forward.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that patients' care plans are meaningfully reviewed in a timely manner.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: There is a rolling care plan audit in place. Care plans are checked monthly by the home manager. This will be discussed in more detail at a staff meeting scheduled to take place the week beginning 8th October 2018.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: 11 September 2018</p>	<p>The registered person shall ensure that access to and egress from each floor 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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: 11 but 6 residents are to be given this code verbally should they wish to exit through the door on each unit. Apart from the 6 all other ambulatory residents are not deemed to be a risk to themselves should they exit through the door of the home. Staff will give verbal prompts of this code as needed and on request. A deprivation of liberty assessment will be completed for 6 residents who are deemed a risk to themselves should they leave the building due to cognitive impairments. This will be discussed in detail with staff in meetings scheduled to take place the week beginning the 8th October 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that appropriate signage is in place at all times whenever oxygen therapy is in use.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This was put in place on the day of the inspection and remains in place. The staff will ensure this is closely monitored going forward and discussed in a staff meeting scheduled to take place the week beginning the 8th October 2018.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that person centred signage is provided on patients' bedroom doors in order to promote patient comfort and orientation. The provision of such signage shall be in keeping with the expressed wishes/preferences of patients.</p> <p>Ref: 6.4</p>

<p>11 September 2018</p>	<p>Response by registered person detailing the actions taken: This was completed on the day of the inspection. The home manager will monitor this going forward.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care:</p> <ul style="list-style-type: none"> • all supplementary repositioning records shall be completed in an accurate, legible, comprehensive and contemporaneous manner at all times • daily nursing entries will evidence regular and meaningful evaluation of patients' pressure area care. Any identified problems relating to patients' skin will be appropriately actioned and care planned, as necessary <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This will be discussed in staff meetings scheduled to take place the week beginning the 8th October. Nursing staff have been advised that it is expected that they check the supplementary carers records each shift to ensure the completion of these.</p>

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



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