

Unannounced Care Inspection Report 20 March 2018



Dunanney Care Centre

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

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: Mr Christopher Walsh	Registered Manager: See Box Below
Person in charge at the time of inspection: Christina Dobruszek-McGuigan	Date manager registered: Christina Dobruszek-McGuigan - Registration Pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 40 comprising: NH-I - 21 NH-PH - 2 RC-I - 3 RC-MP(E) - 3

4.0 Inspection summary

An unannounced inspection took place on 20 March 2018 from 09.20 to 16.45. A lay assessor accompanied the inspector during the inspection.

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 promoting a culture of teamwork within the home, staff awareness relating to adult safeguarding and monitoring the professional registration of staff.

Areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) practices; the safe storage of medicines and nutritional care. Two areas for improvement under regulation were stated for a second time in relation to Control of Substances Hazardous to Health (COSHH) regulations and wound care.

Areas for improvement under the standards were identified in relation to the nurse call system and staff management. An area for improvement under the standards was stated for a second time in relation to interior signage.

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	5	3

The total number of areas for improvement includes two areas for improvement under regulation and one area for improvement under the standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Christine Dobruszek-McGuigan, 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 30 October 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 30 October 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 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector and lay assessor met with eight patients, two patients' relatives/representatives and six staff. 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.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

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

The following records were examined during the inspection:

- duty rota for all staff from 5 to 18 March 2018
- 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 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and relatives' meetings
- three patients' care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records
- 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 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 30 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector during this care inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 October 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
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.	Not met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that there were two areas in which patients could potentially have had access to harmful chemicals. This is discussed further in section 6.4. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Regulation 19 (1) (b) Stated: First time	The registered person must ensure that patients' care records are stored securely at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that all patients' care records were stored securely during the inspection.	
Area for improvement 3 Ref: Regulation 12 (1) (a)(b), 16 (2) Stated: First time	The registered persons must 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, 	Partially met

	<ul style="list-style-type: none"> that supplementary repositioning charts are completed comprehensively and contemporaneously at all times. 	
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patients' oral care risk assessments are fully completed and that care plans in relation to weight loss are completed fully and in a timely manner.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered persons 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:</p> <p>Review of the care record for one patient requiring ongoing oral care evidenced that oral care risk assessments were fully completed and that care plans in relation to weight loss were completed fully and in a timely manner.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment confirmed that the IPC issues identified during the previous care inspection had been satisfactorily addressed. However, new IPC deficits were observed during this inspection. This is referenced further in section 6.4.</p>	Met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	<p>The registered persons 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>	Not met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager confirmed that there were six communal areas used by patients that lacked signage which would promote the orientation and comfort of patients. This shortfall is discussed further in section 6.4.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Area for improvement 2 Ref: Standard 46 Stated: First time	<p>The registered persons shall ensure that there is an embedded system in place with regards to patients requiring barrier nursing and that written information in respect of this process is available for patients, their representatives, staff and visitors.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager/staff confirmed that there was a robust system for the effective management of patients requiring barrier nursing and that this had been embedded into practice. This system was noted to be actively and effectively in use during the inspection.</p>	
Area for improvement 3 Ref: Standard 6 Stated: First time	<p>The registered persons shall ensure that all routines and care practices within the home are patient centred and promote patient wellbeing, specifically, the timely transfer of patients from their wheelchairs throughout the day.</p>	Met
	<p>Action taken as confirmed during the inspection: Observation of care delivery and discussion with patients/patients' relatives confirmed that care practices within the home were patient-</p>	

	centred and promoted patients' wellbeing, specifically, the timely transfer of patients from their wheelchairs throughout the day.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered persons shall ensure that there is sufficient space for patients and staff in all communal dining areas and that ambient noise in these areas promote the comfort and dining experience of patients.	Met
	Action taken as confirmed during the inspection: Observation of both dining areas confirmed that there was sufficient space for patients and staff and that ambient noise in these areas promoted the comfort and dining experience of patients.	
Area for improvement 5 Ref: Standard 40 Stated: First time	The registered persons shall ensure that a robust auditing system is maintained with regards to quality assurance and the delivery of care, specifically: <ul style="list-style-type: none"> • care records • weight loss 	Met
	Action taken as confirmed during the inspection: Review of governance records and discussion with the manager evidenced that audits were being conducted monthly in regards to care records and weight loss.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered persons shall ensure that a robust process is maintained in order to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to appropriate staff in a timely manner.	Met
	Action taken as confirmed during the inspection: Review of governance records and discussion with the manager confirmed that a robust process was maintained in order to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.	

Area for improvement 7 Ref: Standard 39 Stated: First time	The registered persons shall ensure that all newly employed staff within the home completes an induction within expected timescales and that a written record of the induction is kept within the home.	Met
	Action taken as confirmed during the inspection: Review of governance records and discussion with the manager confirmed that newly employed staff within the home had completed or were in the process of completing, an induction within expected timescales and that a written record of the induction was kept within the home.	

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 confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the manager also confirmed that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 5 to 18 March 2018 evidenced that there were two occasions when planned staffing levels were not adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Discussion with the manager further 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 a process of both supervision and appraisal. However, review of staff appraisal governance records evidenced that a significant number of staff had yet to receive their appraisal within expected timescales. This was confirmed by the manager. An area for improvement under the standards was made.

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.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with regional safeguarding protocols and the home's policies and procedures. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The

manager further confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. It was also noted that one safeguarding matter was ongoing and had been appropriately managed by the manager who agreed to keep RQIA updated, as appropriate.

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 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. Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training in relation to fire safety was embedded into practice. 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.

Weaknesses with regards to interior signage for patients were noted, specifically, six communal bathrooms/toilets lacked signage which would promote the orientation and comfort of patients. This was highlighted to the manager and an area for improvement under the standards was stated for a second time. Temporary signage was erected in the majority of these areas before completion of the inspection.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely, one radiator cover within a patient's bedroom was in poor repair; incontinence products were stored inappropriately within one communal bathroom and wallpaper within one communal lounge was ripped or partially missing. These shortfalls were highlighted to the manager and an area for improvement under regulation was made.

Observation of the environment also highlighted that one communal toilet and one communal lounge lacked the provision of nurse call leads. This was highlighted to the manager and it was stressed that patients must have effective access to the nurse call system, as appropriate. An area for improvement under the standards was made.

During a review of the environment it was noted that there were two areas in which patients could potentially have had access to harmful chemicals. This was discussed with the manager and it was stressed that the internal environment of the home must be managed to ensure that Control of Substances Harmful to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager and an area for improvement under regulation was stated for a second time.

Observation of the environment further identified that some patients' medicines were being stored inappropriately. Discussion with the manager highlighted that nursing staff had stored patients' medicines in this area on more than one occasion. The need to ensure that all patients' medicines are stored securely was emphasised and area for improvement under regulation was made.

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 notification of incidents.

Areas for improvement

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

Two areas for improvement under the standards were stated regarding the nurse call system and staff appraisal. A further area for improvement under the standards in relation to interior signage was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Discussion with staff and a review of the duty rota 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' condition and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. 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). Regular communication with representatives within the daily care records was also found. Care plans and risk assessments were also noted to be reviewed by nursing staff on a regular basis.

Weaknesses were identified in relation to the provision of nutritional care for patients. Review of the care record for one such patient evidenced that a relevant care plan was inaccurate in regards to the frequency at which the patient required to be weighed. It was also noted that scales which staff used to weigh patients had been unavailable during November and December 2017. While the manager provided assurance that new weighing equipment was now in place, the need to ensure the availability of such equipment at all times so as to facilitate the effective delivery of care, was stressed. It was further noted that supplementary care records in relation to this patient's nutritional care were incomplete. In addition, nutritional risk assessments for a second patient were found to be incomplete or inaccurate. Although this second patient had received dietetic advice from the multi-professional team, there was no corresponding care plan in place to ensure this advice was followed. Discussion with kitchen

staff further confirmed that they were unaware of the dietetic advice for this patient. These shortfalls were discussed with the manager and an area for improvement under regulation was made.

Deficits were also identified in regards to the provision of wound care. Although the care record for one patient receiving ongoing wound care evidenced that accurate and comprehensive care plans were in place, supplementary wound care records were found to be incomplete or inaccurate. This was discussed with the manager and while sufficient assurance was given that the delivery of wound care to the patient was not adversely affected, the importance of maintaining accurate and comprehensive wound care records was highlighted. Shortfalls were also noted in regards to the delivery of care for patients who were at a high risk of developing pressure ulcers and therefore required regular repositioning. Review of the care record for one such patient evidenced that an accurate and comprehensive care plan was in place which clearly referenced the need for pressure relieving equipment and regular repositioning. However, supplementary repositioning records for this patient evidenced that the prescribed repositioning regimen had not been adhered to by staff and that such records were not always fully completed. Records did confirm that the patient’s skin was intact on the day of inspection. These weaknesses were discussed with the manager and 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 communication with the multi-professional team.

Areas for improvement

An area for improvement under regulation were made in regards to the delivery of care, specifically, nutritional care. A further area for improvement under regulation relating to wound care was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	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 compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. All 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. Observation of staff interactions with patients evidenced the provision of such care and this is commended.

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

- “I’m happy enough with everything.”

- “lovely wee place to live.”

Feedback received from patients’ relatives/representatives during the inspection included the following comments:

- “my friend seems very happy here. I’m very impressed.”
- “staff are very nice and my (relative) has settled in and is more secure here”

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

At the time of writing this report, ten questionnaires have been returned within the specified timescales. All respondents expressed satisfaction with the delivery of care. 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.

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 both dining areas being used appeared to be generally clean, tidy and appropriately spacious for patients and staff. Staff were heard gently encouraging patients with their meals and offering alternative choices if necessary. Staff also demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated SALT dietary requirements. All patients appeared content and relaxed during the provision of the lunch time meal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff 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 were able to describe their roles and responsibilities. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Although discussion with staff and patients evidenced that the manager's typical working patterns supported effective engagement with patients, their representatives and the multi-professional team, it was noted that the manager had assumed additional administrative duties due to recent operational changes within the home. The manager confirmed that contingency plans were expected to come into effect to address this issue within the next three weeks. It was highlighted to both the manager, and responsible person, that sufficient management hours are integral to ensuring that areas for improvement identified during this inspection are addressed and to effectively maintain existing quality assurance monitoring/governance processes.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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. It was highlighted to the manager that best practice standards recommend that staff meetings are conducted quarterly rather than bi-annually as is the current schedule within the home. The manager agreed to ensure that staff meetings are scheduled quarterly. This will be reviewed during future care inspections.

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

Discussion with the manager and review of the home's complaints records evidenced that an effective complaints process was in place. Patients' relatives 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.

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.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing care and other services provided. For example, audits were completed by the manager in accordance with best practice guidance in relation to accidents/incidents, care

records, wounds and weight loss. Care record audits were completed on a monthly basis by the manager and noted to be accurate and robust. Monthly audits relating to weight loss were also completed and accurately highlighted deficits which were then delegated to staff to address within specific timescales. Although the manager provided assurances that these actions had been completed the audit record did not fully evidence this. This was discussed with the manager and it was agreed that weight loss audits should clearly evidence all corrective actions taken. This will be reviewed during future care inspections.

Discussion with the manager and a review of records evidenced that an up to date fire risk assessment was in place.

The manager confirmed that there was an available legionella risk assessment which had been conducted within the last two years. The manager was reminded of the usefulness of periodically reviewing this no less than two yearly in keeping with best practice guidance.

The manager further confirmed that all hoists and slings within the home had been examined in adherence with the Lifting Operations and Lifting Equipment Regulations (LOLER) within the last six months.

Discussion with the manager evidenced that there was a process in place to ensure that urgent communications, safety alerts and notices were reviewed and where relevant made available to appropriate staff in a timely manner. Medical device and equipment alerts which are published by the Northern Ireland Adverse Incident Centre (NIAIC) were reviewed by the registered manager and shared with all grades of staff as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the selection and recruitment of staff and fire safety.

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 Christina Dobruszek-McGuigan, 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 14 (2) (a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Hair dye was removed from the hairdressing room on the day of the inspection- hairdresser spoke to following this and is aware that all products must be removed when she is finished each day.</p> <p>Air freshener was removed from the drawers in the dayroom- supervision left for all staff in relation to COSHH regulations, also discussed at staff meetings held between the 4th and 5th April.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b), 16 (2)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <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. <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff meetings held on the 4th and 5th April with the staff team to discuss the above issues and raise awareness. A list was compiled by myself and displayed in the home for the staff outlining the level of care each resident requires- this information was taken from their individual care plans.</p> <p>The nurses were all made aware that they need to be checking the care records to ensure information is passed onto all staff in relation to the completion of the supplementary records. We also discussed the importance of fully completing wound charts and associated care plans in accordance with advice from the multidisciplinary team.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This is part of the refurbishment plan going forward- this is in relation to the ripped wallpaper in the upstairs dayroom that was highlighted on the day of the inspection and the radiator cover in a bedroom that needs attention.</p> <p>Incontinence products found in the bathroom on the day of inspection and were removed. Staff were spoke to in relation to ensuring these are stored properly in the pad store going forward.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First 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: Section 6.4</p> <hr/> <p>Following review with care inspector and pharmacy insepctor all thickening agents will be stored in alternative locations of the Home under locked custody and not accessible to residents. This will include storage cabinets in the lounges or dining areas and the kitchen which is secured with a key pad. It was highlighted to the care inspector on the day of the inspection that the monthly order is stored in the hairdressing room. The monthly order comes into the Home on a Wednesday evening, after the room has been used for the week by the hairdresser. It is proposed that for the 4 days in which the medicines are stored in this room, before being decanted to the treatment room the temperature will be monitored to be maintained below 25 degrees C. The room is also locked during this period by a yale lock. .</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) (b) (c)</p> <p>Stated: First 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: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Discussion took place with nursing staff following the inspection and it was made clear that they must ensure they share all information in relation to the residents needs with all relevant staff and that all necessary care plans are developed.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 43 Stated: Second time To be completed by: 24 April 2018	<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> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All doors now have signage in place.</p>
Area for improvement 2 Ref: Standard 13 (1) (a) Stated: First time To be completed by: With immediate effect	<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> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Nurse call bells now in place in the dayrooms, bathrooms, shower rooms, smoking room and the conservatory. All in place in bedrooms- any without a call bell have been risk assessed and a relevant care plan in place.</p>
Area for improvement 3 Ref: Standard 40 Stated: First time To be completed by: 24 April 2017	<p>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.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: 28 current staff have had inductions- 16 carried out between the 12th- 13th April, some for the second time. Appraisals will be done with the remaining staff over the next 1-2 week period- 10 staff remaining.</p>

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



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