

Unannounced Care Inspection Report 6 November 2017



The Glebe Care Centre

Type of Service: Nursing Home (NH)

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

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 care and residential care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd	Registered Manager: Geraldine Boyce
Responsible Individual: Christopher Walsh	
Person in charge at the time of inspection: Angelica Giuranas, nurse in charge, upon arrival and thereafter Ms Tina McGuigan who is the manager of Dunanney Care Centre and who was assigned to assist the home on the day of inspection in the absence of the registered manager.	Date manager registered: 28 June 2012
Categories of care: Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 38 comprising RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH

4.0 Inspection summary

An unannounced inspection took place on 6 November 2017 from 09.30 to 17.00 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 DHSSPS Care Standards for Nursing Homes 2015.

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

The term 'patients' is used to describe those living in The Glebe Care Centre which provides both nursing and residential care.

Evidence of good practice was found in relation to fire safety practices and governance processes relating to the selection and recruitment of staff.

Areas for improvement under regulation were identified in relation to the delivery of care. Areas for improvement under the standards were identified in relation to care records; the dining experience of patients and governance processes relating to quality assurance and the delivery of 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	1	*4

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

Details of the Quality Improvement Plan (QIP) were discussed with Ms McGuigan and the nurse in charge 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 27 June 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 27 June 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 returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with six patients, four staff and one patient's relative. 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. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

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

The following records were examined during the inspection:

- duty rota for all staff from 23 October to 5 November 2017
- 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
- induction and orientation records for registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- 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 Ms McGuigan and the nurse in charge at the conclusion of the inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 June 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 12 (2) (a) (b) Stated: Second time	The registered persons must ensure that suitable measures are put in place to ensure patients health and welfare. This requirement is made specifically in regards to the stairwell on the first floor. A risk assessment should be undertaken and any outcomes shared with staff and relevant others to ensure that patients are not exposed to unnecessary risks and to ensure that all staff use such equipment appropriately at all times.	Met
	Action taken as confirmed during the inspection: Observation of the stair gate at the top of the stairwell directly opposite the first floor nursing station evidenced that it effectively promoted the health and safety of patients whenever closed by staff. This is discussed further in section 6.4.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: During a review of the environment no areas were identified in which COSHH regulations were not being adhered to by staff.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the internal environment of the home is managed so as to ensure the safety and well-being of patients at all times. Visiting contractors should be appropriately orientated to the home with precautions which safeguard patients/staff and visitors being agreed to prior to any maintenance work being commenced.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and a review of the environment evidenced that processes are in place to ensure that visiting contractors are appropriately orientated to the home with precautions which safeguard patients/staff and visitors being agreed to prior to any maintenance work being commenced.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patients' care plans accurately and comprehensively reflect assessed needs; are dated and signed by the author of the care plan and are reviewed in a timely manner.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of patients' care records evidenced that care plans accurately and comprehensively reflected assessed needs; were dated and signed by the author of the care plan and were reviewed in a timely manner.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that patients' needs are holistically assessed following admission and kept under review subsequent to any change in need.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of patients' care records evidenced that patients' needs were holistically assessed following admission and kept under review subsequent to any changes in need.</p>		

Area for improvement 6 Ref: Regulation 3 Stated: First time	The registered persons must ensure that the home is operating in compliance with its statement of purpose at all times.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of the home's certificate of registration confirmed that the home was operating in compliance with its statement of purpose on the day of inspection.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the infection prevention and control issues identified during the previous care inspection were appropriately addressed in order to minimise the risk and spread of infection.	
Area for improvement 2 Ref: Standard 6 Stated: Second time	The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.	Met
	Action taken as confirmed during the inspection: Observation of staff confirmed that meals were served to patients in a timely manner. The dining experience of patients is discussed further in section 6.6.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered persons shall ensure that menus are effectively displayed for all patients throughout the home across all meal times.	Not met
	Action taken as confirmed during the inspection: Observation of the ground floor dining area evidenced that menus were not effectively displayed for all patients throughout the home across all meal times. This is discussed further in section 6.6. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered persons should ensure that the internal environment of the home along with dining practices and routines promote and safeguard patient choice at all times, specifically the provision of dining space for patients on the ground floor.	Met
	Action taken as confirmed during the inspection: Observation of the ground floor dining area and discussion with patients confirmed that patient choice with regards to where they dined was safeguarded and promoted.	
Area for improvement 5 Ref: Standard 16 Stated: Second time	The registered persons should ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislation and DHSSPS care standards for Nursing Homes 2015.	Met
	Action taken as confirmed during the inspection: A review of the complaints records confirmed that all expressions of dissatisfaction were recorded as complaints and managed in accordance with legislation and DHSSPS Care standards for Nursing Homes (2015).	

Area for improvement 6 Ref: Standard 35 Stated: First time	The registered persons should ensure that a robust and comprehensive audit is accurately maintained, specifically in relation to catheter care for patients.	Not met
	Action taken as confirmed during the inspection: A review of audit records relating to catheter care evidenced that these were not maintained robustly. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 7 Ref: Standard 35 Stated: First time	The registered persons should ensure that attendee signatures are obtained in respect of all meetings.	Met
	Action taken as confirmed during the inspection: A review of governance records relating to staff meetings confirmed that attendee signatures were obtained as required.	

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 nurse in charge confirmed the planned daily staffing levels for the home. Following the inspection the registered manager further confirmed that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with the nurse in charge evidenced that contingency measures were in place to manage short notice sick leave when necessary. A review of the staffing rotas from 23 October to 5 November 2017 evidenced that there was one occasion when planned staffing levels were not adhered to as a result of short notice sick leave. Feedback from the registered manager following the inspection indicated that contingency measures were put in place on this occasion to ensure the safe and effective delivery of care to patients. Following the inspection, the registered manager also advised that she conducts a monthly analysis which assesses the dependency of both nursing and residential patients within the home in order to determine required staffing levels. As this analysis was unavailable on the day of inspection it will be reviewed during future care inspections.

Observation of the delivery of care on the day of the inspection provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

Review of the staff training records indicated that training was planned to ensure that mandatory training requirements were met and that staff possessed the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff compliance with mandatory training was monitored and reviewed by the registered manager. The nurse in charge also confirmed that measures were in place to address any incidents of non-compliance from staff with regards to mandatory training.

Discussion with Ms McGuigan confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Ms McGuigan confirmed that an 'adult safeguarding champion' was identified for the home.

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. During the inspection an unscheduled fire alarm sounded at 13.50 hours which resulted in the Northern Ireland Fire and Rescue Service attending the home. Observation of staff evidenced that they responded to the alarm in a calm, effective and co-ordinated manner. Ms McGuigan confirmed with the Fire and Rescue Service that no fire had occurred and it was agreed that a fault within the home's fire alarm system required remedial attention. Ms McGuigan addressed this issue during the course of the inspection. Staff were also observed reassuring patients during and following the alarm as necessary.

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 the ground floor dining area did highlight that a microwave which was used by staff was stained internally. This was highlighted to Ms McGuigan and the need to ensure that such equipment is maintained in compliance with infection, prevention and control (IPC) best practice standards was stressed. A review of one bedroom also evidenced that the layout of the furniture did not promote safe access to the wash hand basin. This was also discussed with Ms McGuigan and it was agreed that the identified bedroom would be reviewed in order to ensure the safety and comfort of the patient.

A 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.

During a review of the environment the inspector identified no areas where patients could potentially have had access to harmful chemicals. Staff were observed adhering to COSHH regulations throughout the duration of the inspection.

As highlighted in the previous care inspection, a metal stair gate is located at the top of a flight of stairs opposite the first floor nursing station. Discussion with the nurse in charge confirmed that the stair gate was in place to prevent ambulant patients gaining access to the stairwell. Observation of this stair gate evidenced that it effectively promoted the health and safety of patients whenever closed correctly by staff. It was noted on three occasions that while staff had partially closed the stairgate they had not checked to ensure the latch was fully in place. This was highlighted to both the nurse in charge and Ms McGuigan and the need for staff vigilance and compliance in relation to the correct use of the stair gate was emphasised. Ongoing observation of the stairgate throughout the inspection evidenced that staff used the stair gate appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to fire safety practices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 a review of the duty rota evidenced that nursing and 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. Staff communication is discussed further below.

Discussion with the nurse in charge and a review of records confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

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).

Food and fluid intake records evidenced that they were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Regular communication with representatives within the daily care records was also found. The care record for one patient also evidenced that their risk assessments and care plans were completed in a comprehensive and timely manner.

Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. While all grades of staff consulted understood the importance of communicating effectively with the patients, their colleagues and with other healthcare professionals, weaknesses were highlighted with regards to communication between staff in relation to wound care. A review of the care record for one patient evidenced that their care included professional recommendations from the TVN. Although the TVN's recommendations were referred to in the patient's relevant care plan, observation of the patient and discussion with care staff evidenced that the TVN's recommendations were not being fully complied with. Care staff also stated they were unaware of some aspects of the TVN's recommendations with which they should have been familiar. This was highlighted to Ms McGuigan and the need to ensure effective communication between staff in regards to TVN recommendations was stressed. An area for improvement under regulation was stated.

A review of the care record for one patient who required the use of a pressure mat due to an assessed risk of falls did evidence that a relevant care plan and risk assessment was in place and reviewed regularly. The use of the pressure mat was also referenced within nurses' daily care notes and this good practice is commended. Nevertheless, while a signed consent pro forma was in place it did not include the use of restrictive practices such as the use of a pressure mat. A review of the care record for a second patient further evidenced that a consent pro forma was signed but incomplete. The need to ensure that consent documentation is fully completed and that appropriate consent is obtained before implementing any restrictive practice was highlighted. An area for improvement under the standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes regarding staff meetings and care planning.

Areas for improvement

An area for improvement under regulation was identified in relation to the delivery of wound care.

An area for improvement under the standards was identified in relation to care records.

	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 largely observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"The nurses are good."

"It's alright here."

"It's home from home."

"The girls are very nice."

Furthermore, feedback received from patients' relatives/representative during the inspection included the following comment:

"We're very happy with the care here."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans.

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.

In addition to speaking with patients, relatives and staff, RQIA provided ten questionnaires for patients to complete and 10 for patients' representatives. At the time of writing this report three completed patient questionnaires and six completed relatives' questionnaires were returned. Two of the three patients' questionnaires confirmed that they were very satisfied with the delivery of care while the third patient questionnaire indicated that they were very unsatisfied. All returned relatives' questionnaires expressed a high level of satisfaction with the delivery of care. One returned relative's questionnaire included the comment:

"I find all staff to be efficient, caring and compassionate and am very pleased with level of care."

All questionnaire comments were shared with the registered manager following the inspection.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on both floors appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Patients appeared content and relaxed in their environment. However, some weaknesses were observed with regards to the dining experience of patients. Observation of staff in one dining area highlighted that patients were not asked whether they wished to have gravy sauce before it was poured over their meal. Ongoing observation in the same dining area also evidenced that one staff member served patients with limited verbal interaction. These weaknesses were highlighted to Ms McGuigan and the need to promote positive interactions between staff and patients at all times was emphasised. A further deficit was also highlighted in regards to the provision of an effective menu display for patients dining on the ground floor. Discussion with kitchen staff confirmed that there is a four week menu plan for patients within the home and that the meals being served on the day of inspection were from week three of that plan. However, the menu on display inaccurately indicated that a meal from week two was being served. The menus on display were also attached to the lounge door and composed of small print which would be unsuitable for all patients to easily read. These deficits were discussed with Ms McGuigan and an area for improvement under the standards was stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the spiritual care of patients and listening to patients.

Areas for improvement

An area for improvement under the standards in relation to the dining experience of patients was stated for a second time.

	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 nurse in charge, Ms McGuigan 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 registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff spoke positively about the sense of leadership which exists within the home together with the approachability of the registered manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

A review of the home's complaints records evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. 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.

A review of records evidenced that monthly monitoring visits 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. An action plan was generated to address any areas for improvement.

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 accidents and incidents; the use of bedrails; patients' weight loss and complaints monitoring. However, weaknesses were highlighted in relation to governance processes regarding quality assurance and care delivery. Audit records examining the use of forms of restraint were found to be inaccurate as they did not list all the patients who currently received such interventions. Furthermore, records pertaining to the monthly analysis of accidents and incidents; complaints and infection monitoring were not dated or signed by the registered manager during the month of October 2017 to indicate they had been reviewed. An area for improvement under the standards was stated.

In addition, shortfalls were also identified with regards to the auditing of catheter care for patients. Although a monthly audit of patients requiring a urinary catheter was in place and specified the catheter being used during each procedure, the auditing process with regards to the checking of catheter balloon volumes was incomplete. This was highlighted to both Ms McGuigan and following the inspection, the registered manager and responsible individual. Feedback from the responsible individual confirmed that the practice of checking catheter balloon volumes would be reviewed within the home. An area for improvement under the standards was stated for a second time.

Staff recruitment information was available for inspection and records for one staff member evidenced that 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 and discussion with staff also confirmed that staff underwent a period of orientation and induction following their appointment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the induction of staff and monthly monitoring.

Areas for improvement

An area for improvement under the standards was identified in relation to governance processes focusing on quality assurance and the delivery of care. A further area for improvement under the standards has been stated for a second time in regards to the auditing of catheter care for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms McGuigan and the nurse in charge 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 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that patients' wound care is delivered in full compliance with the professional recommendations of multiprofessional staff at all times.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Trained staff have been given supervisions re effective communication to care staff following advice from any member of the MDT. All recommendations by TVN's have been reviewed and information shared as required</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).

<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 27 November 2017</p>	<p>The registered persons shall ensure that menus are effectively displayed for all patients throughout the home across all meal times.</p> <p>Ref: Section 6.6</p>
	<p>Response by registered person detailing the actions taken: Menus are effectively displayed for all residents in the Home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 27 November 2017</p>	<p>The registered persons should ensure that a robust and comprehensive audit is accurately maintained, specifically in relation to catheter care for patients.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A new audit tool was designed and policy updated to remove the column in respect of catheter balloon checks as this is not best evidenced based practice.</p>

<p>Area for improvement 3</p> <p>Ref: Standards 3 & 18</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2017</p>	<p>The registered persons shall ensure the following:</p> <ul style="list-style-type: none"> • that the patient's written consent is obtained as appropriate and/or evidence of a best interests decision is documented when restrictive practices are implemented, • that all consent records are fully completed by nursing staff <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Trained staff have also been given supervisions re restrictive practices and the importance of informing the Manager as soon as a decision is made to use any form of restrictive practice in the Home.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 27 November 2017</p>	<p>The registered persons shall ensure that all governance and audit processes are managed effectively and robustly, specifically:</p> <ul style="list-style-type: none"> • auditing of restraint will include all patients receiving such interventions, • all monthly auditing processes undertaken by the registered manager will show evidence that such records have been appropriately and regularly reviewed. <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Audits of restraint practices are carried out monthly and actions taken as required All audits are reviewed on a monthly basis and regularly reviewed</p>

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



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