Unannounced Care Inspection

Name of Establishment:	**Moneymore**
RQIA Number:	**1441**
Date of Inspection:	**18 December 2014**
Inspector's Name:	**Karen Scarlett**
Inspection ID:	**17151**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Moneymore
Address:	Cookstown Road Moneymore BT45 7YL
Telephone Number:	028 8674 8118
Email Address:	moneymore@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Season Healthcare Ltd Mr James McCall
Registered Manager:	Mrs Fionnuala Kidd
Person in Charge of the Home at the Time of Inspection:	Ms Phyllis Glasgow (Nurse in charge)
Categories of Care:	NH-PH, RC-I, RC-MP(E), RC-PH(E), NH-I
Number of Registered Places:	41
Number of Patients Accommodated on Day of Inspection:	28 (26 nursing and 2 residential)
Scale of Charges (per week):	£550.00 Nursing £437.00 Residential
Date and Type of Previous Inspection:	22 October 2013, secondary unannounced inspection
Date and Time of Inspection:	18 December 2014 10.30 – 17.00
Name of Inspector:	Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered nurse in charge
- Discussion with staff
- Discussion with patients individually and with others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints
- Observation of the environment during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	7 individuals and others in groups
Staff	7
Relatives/Visitors	5
Visiting Professionals	0

Questionnaires were provided by the inspector, to patients'/residents' representatives and staff to seek their views regarding the quality of the service.

Issued To	**Number Issued**	**Number Returned**
Patients/Residents	0	0
Relatives/Representatives	2	1
Staff	10	4

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Moneymore Care Home operates under the auspices of Four Seasons Health Care Ltd. It is a purpose built single storey dwelling, situated on the outskirts of Moneymore. Patients/ residents have access to three spacious lounges, one of which was being decorated on the day of inspection. There are two dining rooms and a hairdressing room. Bathrooms, toilets and laundry facilities are provided. Bedroom accommodation is provided in single rooms, each with its own hand washbasin. Two twin rooms are also in use.

Car parking facilities are provided to the front and sides of the home.
The home provides care for up to 38 patients and three residents in the following categories of care:

Nursing Care

NH-I - Nursing old age not falling within any other category
NH-PH

Residential Care

RC - Residential care
RC-MP (E) - Mental disorder excluding learning disability or dementia over 65 years
RC-PH (E) – Physical disability other than sensory impairment over 65 years.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the foyer of the home.

8.0 Executive Summary

The unannounced inspection of Moneymore Care Home was undertaken by Karen Scarlett on 18 December 2014 between 10.30 and 17.00. The inspection was facilitated by Ms Phyllis Glasgow, nurse in charge, and staff nurse, Ms Mary Young, both of whom were available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 22 October 2014.

The registered provider/ registered manager is required to return a number of documents to RQIA prior to the inspection. These were all forwarded within the required timeframe and the required assurances were provided.

The patients/residents were generally well presented and commented positively on the care provided and the staff. No concerns were expressed on discussion with the patients/residents. The inspector spoke with 5 relatives/visitors all of whom were positive about the care and the staff. Refer to section 11.5 for further details about patients/residents and relatives.

Compliance with standard 19: continence management was assessed. There was evidence that a continence assessment had been completed for all patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in all care records reviewed.

Discussion with staff and review of the training and supervision records evidenced that staff were knowledgeable in regards to continence care and registered nurses were competent in female and male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home; however, these were in need of review and updating. A recommendation has been made in this regard. A recommendation has also been made for additional guidelines to be made available to staff for reference and use as required.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant. A total of two recommendations have been made in this regard.

Staff comments regarding the home were mainly positive, however, concerns were raised around the cleanliness of the home, domestic staffing hours and the dependency levels of the patients impacting on assistance with the meals. This was discussed with the nurse in charge during the inspection.

These concerns were borne out during an inspection of the premises. The home was mainly well presented and clean but a number of issues were identified which require to be addressed including damaged walls, tiling and paintwork; the condition of the smoking room; stained carpeting and dirty tile grouting.

Given these observations, the comments made by staff and a review of the quality report it could be ascertained that the fitness of the premises, the inconsistency of domestic hours and issues around the management of domestic staff was impacting negatively on the cleanliness of the home.

A previous requirement regarding domestic staffing has been stated for a second time. A requirement has also been made around the fitness and cleanliness of the premises. A requirement has been made that systems of work and auditing practice are sufficiently robust to ensure that the cleanliness of the home is of an acceptable standard and an effective service is delivered to patients/residents.

The lunch time service was observed and it was noted that three staff were available to assist nine patients with their meals, requiring six patients to wait for assistance. A number of patients were also observed to be nursed in bed. An analysis of the dependency of patients/residents was to be submitted to RQIA post inspection. This was received within the required timeframe and demonstrated that staffing hours were consistent with the dependency of the patients. However, a recommendation has been made that the deployment of staff during the meal time service be reviewed in order to ensure that the needs of the patients/residents are met in a timely way. Refer to section 11.6 for more information.

An inspection of the premises also raised issues in relation to the use of restraint, particularly in relation to one patient's lap belt. An urgent actions letter was given to the nurse in charge on the day of the inspection and the regional manager contacted by telephone and email the following today to confirm the actions taken to ensure the health and safety of the patient. A requirement has been made in this regard and a recommendation made that staff update their knowledge and competence in relation to best practice in restraint. Refer to section 11.1 for more details.

Other issues identified include patient/resident access to call bells and the sharing of prescribed thickening agents among patients/residents. Refer to section 11.1 and 11.8 respectively for further information.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents was evidenced to be of a satisfactory standard and patients/residents were observed to be treated by staff with dignity and respect.

The inspector reviewed and validated the home's progress regarding the four requirements and four recommendations made at the last inspection on 22 October 2013 and confirmed compliance outcomes as follows: one requirement was compliant and three requirements regarding facilities and services, domestic staffing and meeting patients' needs are moving towards compliance and have been stated for a second time. Two recommendations were compliant and one, regarding resuscitation guidance, was found to be moving towards compliance and has been stated for a second time. A recommendation regarding menus was not examined at this inspection and will be carried forward to the next inspection.

As a result of this inspection, seven requirements, three restated and five recommendations, one restated, were made and one recommendation was carried forward to the next inspection.

The inspector would like to thank the patients/residents, registered nurses and staff and relatives/visitors for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the relatives and staff who completed questionnaires.

8.1 Post Inspection

On 19 December 2014 the inspector contacted the regional manager Mr John Coyle by telephone and email to ensure that urgent actions in relation to the identified patient's lap belt were taken. An update was provided to the inspector that afternoon to state that the lap belt had been replaced, the care plan updated, other measures introduced to prevent falls and a care review arranged with the Trust to include the Occupational Therapist.

The responsible person/registered manager was required to submit an analysis of patient dependency levels to RQIA by 23 December 2014. This was confirmed in an email sent on the 19 December to the registered manager and regional manager, John Coyle. This information was received on the 23 December 2014 as requested. The staffing levels were found to be consistent with the dependency level of the patients.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	18 (2) (c) (j)	The registered person shall having regard to the size of the nursing home and the number and needs of patients: Provide in rooms occupied by patients adequate furniture, bedding and other furnishings including curtains and floor coverings, and equipment suitable to the needs of patients; Keep the nursing home free from mal odours.	An inspection of the home found no malodours. However, carpet staining was observed in patients' bedrooms and in the corridors. This requirement has been restated for a second time.	Moving towards compliance
2	20 (1) (a)	The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.	A review of the staff duty rota evidenced inconsistent and unreliable domestic hours due to high levels of sickness/absence. Discussion with staff and observation of the premises further verified that issues with the domestic hours were adversely affecting the cleanliness of the home. This requirement has been stated for a second time.	Moving towards compliance

3	12 (1) (a)	The registered person shall provide treatment, and any other services to patients, in accordance with the statement of purpose and shall ensure that the treatment and other services provided to each patient – Meets his individual needs.	The call bells that sounded were observed to be answered promptly. However, during an inspection of patients'/residents' bedrooms a number of them did not have access to their call bells. One patient could be heard calling out for a nurse on and off for at least 15 minutes, requiring the inspector to intervene. This requirement has been stated for a second time.	Moving towards compliance
4	16 (1) (b)	The registered person shall ensure that the patients plan is kept under review. Ensure that risk assessments and care plans are reviewed in a timely manner.	An examination of four care records evidenced that risk assessments and care plans were reviewed consistently in a timely manner. This requirement has been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	12.2	It is recommended that the registered manager and the cook consult with all patients/residents regarding the choice, quality and timing of meals. A record should be maintained of this consultation, including an action plan with timescales. This should be used to inform the planning of meals and meal times.	Not examined at this inspection	Carried forward to next inspection
2	20.1	The registered manager should ensure that guidance documents such as Nursing Midwifery Council (NMC) guidance and the Resuscitation Guidelines 2010 from the Resuscitation Council UK are available for reference in the home.	The inspector was directed to the Communications book to locate this guidance but where there was a policy on "Do not attempt Cardio-pulmonary Resuscitation" the guidance referred to could not be located. This recommendation has been stated for a second time.	Moving towards compliance
3	20.2	It is recommended that an emergency nebuliser is readily available and records maintained of regular checks.	An emergency nebuliser is available in the treatment room and tubing and mask were attached appropriately. This recommendation has been addressed.	Compliant

4	20.4	It is recommended that a first aider is available on each shift and they have been clearly identified on the staff duty rota.	The nominated first aider on shift was identified on the rota and also in the reception area of the home. This recommendation has been addressed.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 22 October 2013, RQIA have been notified by the home of an ongoing investigation in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The NHSCT safeguarding team are managing the SOVA issues under the regional adult protection policy/procedures.

RQIA is satisfied that the registered manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for all four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. There was evidence in the four patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate. Review of four patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector can confirm that the following policies and procedures were in place; • continence management / incontinence management • stoma care • catheter care • bowel care • Digital rectal stimulation However, a number of these policies required review and updating. A recommendation has been made. The inspector can also confirm that the following guideline documents were in place: • NICE quick reference guide to management of Urinary tract infections Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. A recommendation has been made for the following guidelines to be readily available to staff for reference and used as required: • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence • RCN Continence guidelines	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the staff and review of training and supervision records confirmed that staff were trained and assessed as competent in continence care and that a number of registered nurses had recent training in male catheterisation. A new bowel assessment form had been introduced to staff for use in the home. Staff were knowledgeable about the important aspects of continence care including privacy, dignity, skin care and reporting any concerns. Two continence link nurses were working in the home and were involved in the review of continence management and education programmes for staff. This is good practice and is commended. Regular record management audits are undertaken to include continence management.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially compliant**

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. One resident was noted to have very unkempt hair. On discussion with the nurse in charge it emerged that this patient refuses to have their hair touched despite encouragement from staff. Staff were observed to respond to patients' call bells promptly. However, during an inspection of patients'/residents' bedrooms not all patients had been given access to their call bells. One lady could be heard shouting for the nurse on and off for at least 15 minutes until the inspector had to intervene. This issue had been raised previously at the home and the requirement made has been restated.

During the inspection it was also observed that one female resident had a lap belt on in her chair. The lady sat in her room until lunchtime and could be observed fidgeting with the belt. On closer inspection the belt was observed to be loose, damaged and tied into a knot presenting a risk to her health and safety. An examination of her care record verified that the lap belt was used to prevent falls and had been discussed appropriately with her representative. However, it was stated that no alternative measures had been considered or attempted. Discussion with staff evidenced that they were aware of the use of the belt and its condition. They stated that the patient/resident can undo the clasp and the belt was knotted to prevent this. There was also evidence of an Occupational Therapy assessment in May 2014. At this assessment the condition of the lap belt had been noted and it was recommended that this be replaced. It could not be evidenced that the OT's detailed recommendations had been implemented in full. A care review had not been undertaken since July 2013 prior to the introduction of the lap belt.

An urgent findings letter was completed on the day of inspection and the regional manager was contacted on the following day to ensure appropriate action was taken. The inspector was updated by email on 19 December 2014 afternoon and assured that the faulty lap belt had been replaced, other measures put in place, increased supervision commenced, the care plan updated and a care review organised to include the Occupational Therapist.

A number of other patients / residents were observed to be using lap belts, alarm mats, bed rails and one patient covert medication. In the records examined a discussion with the patients' representatives had been documented but the inspector was not convinced that less restrictive alternatives had been trialled. A requirement has been made to review the care of patients currently subject to restraint of any kind within the home to ensure that less restrictive measures have been considered / attempted and the same documented. Care provided to patients /residents should be reflective of best practice in regards to Human rights legislation and guidance on Deprivation of Liberty (DOLS) and these should be available for staff to reference. Furthermore, a recommendation has been made that staff receive up to date training and / or supervision in relation to best practice on the use of restraint.

11.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients/Residents and Relatives Comments

During the inspection the inspector spoke with seven patients individually and to others in groups. These patients expressed satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

"It's a nice wee home."
"They (the staff) are more than good."
"It's one hundred percent."
"It's alright. They help me if I need it."

The inspector spoke with five relatives / friends who were visiting the patients / residents. All spoke positively about the care provided and the staff.

11.6 Questionnaire Findings/Staff Comments

The inspector spoke with seven staff including staff nurses, care assistants and domestic assistants. The inspector was able to speak to a number of these staff individually and in private. Four staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training,

completed additional training in relation to the inspection focus and were either very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

A number of staff spoken with were concerned with the increasing dependency of the patients in the unit and that they had little time to talk with patients/residents and had difficulty coping with assisting patients with their meals. The lunch time service was observed for 20 minutes and it was noted that in one dining room, three members of staff were available for nine residents, all of whom required assistance. This resulted in at least six patients waiting for assistance with their meal. There were two care assistants delivering trays to patients/residents who preferred to take their meals in their room or assisting those on bed rest as required. A care assistant was supervising patients/residents in another dining room. A recommendation has been made that the deployment of staff during the meal time service be reviewed in order to ensure that the needs of the patients/residents are met in a timely way.

During an inspection of the premises it was observed that a substantial number of patients were being nursed in bed. The dependency levels of the patients were to be submitted to RQIA post inspection and these were received within the required timeframe. The staffing levels were found to be consistent with the dependency level of the patients.

All staff were of the opinion that the standard of cleanliness of the home could be improved. Staff highlighted the inconsistency of domestic hours and noted deterioration in standards on days when a domestic was absent. A review of the monthly quality reports evidenced that recruitment of domestic staff was underway, supervision was ongoing with domestic staff and a deep cleaning schedule was under review. A previous requirement concerning domestic hours has been restated. A requirement has been made that systems of work and auditing practices are sufficiently robust to ensure that the cleanliness of the home is of an acceptable standard and an effective service is delivered to patients/residents.

Examples of staff comments were as follows;

“There is a high standard of care in the home.”
“It’s a good home and I am happy here.”
“Residents are becoming more dependent on staff but staff levels are not increasing especially at meal times.”
“Domestic staff need a lot of supervision and prompting.”

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was mainly comfortable and well-presented but a number of issues were identified in relation to the fitness of the premises and the facilities and services provided to patients which require to be addressed including:

- Damaged doors and door frames which cannot be effectively cleaned
- Damaged walls and scored paint work which cannot be effectively cleaned
- Stained carpets in corridors and bedrooms
- Dirty grouting on floor and wall tiles in bathrooms
- cracked and loose floor and wall tiling in bathrooms which cannot be effectively cleaned

- A radiator cover in one bathroom whose surface was compromised and damaged and cannot be effectively cleaned
- One patient's nasal specs observed to be dirty and stained

The poor state of repair of tiling, walls and doors means that these cannot be effectively cleaned and could potentially compromise infection control. In addition, the deep cleaning practices in the home require improvement particularly in relation to the cleanliness of tile grouting and carpets.

The inspector also observed the smoking room provided for patients/residents and spoke with one patient/resident in this room. This room was very small and sparsely furnished with only two plastic chairs provided and two small shelves fixed to the wall. There was a linoleum floor littered with at least twelve cigarette butts and ash, although an ashtray was provided. A powerful overhead extractor fan was producing a very loud noise making it difficult for me to address the patient/resident. The setup of this room was potentially demeaning to patients/residents and was not in keeping with the décor in the rest of the home.

Given these observations, the comments of staff and a review of the quality report it could be ascertained that the fitness of the premises, the inconsistency of domestic hours and issues around the management of domestic staff was impacting negatively on the cleanliness of the home. A requirement has been made in this regard. The aligned estates inspector for the home has been advised for their information and action as appropriate.

11.8 Medication Management

During an inspection of the premises it was noted that unlabelled tubs of thickening agent were left in the dining room and were being communally used. It was further noted that on several occasions prescribed tubs of thickening agent were found in other patients' rooms. These tubs of thickening agent should be appropriately labelled and used on a named patient basis in accordance with best practice guidelines. This practice had been identified in the monthly monitoring reports but had not been effectively addressed. This practice should cease and a requirement has been made. The aligned pharmacy inspector for the home has also been advised for their information and action as appropriate.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Phyllis Glasgow, nurse in charge and Ms Mary Young, staff nurse, as part of the inspection process. An email was sent to the registered manager the following day inviting her to telephone RQIA if she required any further feedback

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Karen Scarlett
The Regulation and Quality Improvement Authority
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Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Prior to admission to Moneymore care home potential residents are met with an a pre assessment is carried out. this determines the needs of the resident and can the home provide for all their needs. A care plan is drawn up based on details given by the care management team and resident and family. When the resident is admitted initial risk assessments are completed, such as a body map , weight, height, observations, MUST, Braden, Mobility, Continence, Nutrition,Oral, Pain , bed rail assessment, personal hygiene needs and intial wound assessment if required.. These are discussed with the resident and next of kin and care plans are developed and signed. The care plans are reviewed on a monthly basis and where necessary updated more regularly.This is checked by the Manager after one week. A list of uptodate medication is supplied by the GP and past medical history is sought also..	Substantially compliant

Section B	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.3 • **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.** **Criterion 11.2** • **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.** **Criterion 11.3** • **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.** **Criterion 11.8** • **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.** **Criterion 8.3** • **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16**	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Here in Moneymore care home named nurses prescribe and deliver nursing care. Residents independence is promoted at all times and encouraged. All care plans are patient centred. Where there is an issue with residents tissue viability it is referred to the local trust TVN and also addressed by our own link nurse in Moneymore care home care plans are drawn up, initial assessments and dressing regiems initiated.. All assessments are carried out initially, with referrals made to TVN and Podiatry and dietician. The relevant bodies meet and discuss the care plan to proceed with, this is also discussed with the family and resident. All nurses are aware of how to refer a resident for TVN assessment. where a resident is at risk or a pressure area develops this is reported to all relevant bodys and referrals are sent. Assessments are made in respect of nutrition. There is a monthly wound analysis completed. Training available for staff on pressure area care..	Substantially compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Re-assessment is an ongoing process. Residents are assessed daily and daily progress notes made. Where applicable agreed time intervals are planned. Monthly evaluations of care plans are completed by the named nurse. Yearly reviews are completed by Resident, family staff and care management. This can be more regular if required. Care plans are audited, by the manager and the regional manager checks files on her Reg29 visit..The nurses daily report to the manager in the 24 hr shift report. Where there are changes family and care management are informed. .	Substantially compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Staff assess daily the needs of residents. The Braden skin integrity tool is used monthly and the care plan reflects this. A care plan for skin damage reflecs the prescribed interventions required, Initial wound assessments and continuous regieme there is also an ongoing wound assessment is completed at dressing changes. The guidelines defined from NICE, SIGN and CREST are in referral booklets for staff to resource. Here in Moneymore care home we have dedicated TVN who refers to the trust TVN and uses EPUAP for assessing residents skin damage and then devises an approriate care plan.Regular photgraphic evidence is kept to track the progress.	Substantially compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The nursing staff report on the residents at least once in every 24 hours in accordance with the NMC guidelines.. Staff record on a daily basis all residents food and fluid intake over a 24 hr shift. This is added up to ensure the resident have received their daily total. When necessary a referral is made to the GP , Dietician and SALT therapist to enable a resident to the best of their ability receive the optimum nutritional intake. Where possible all residents make their choice of meals. If a resident is unable to do so then discussion with the next of kin and care management try to establish their likes and dislikes. This is documented in the care plans. There is training given to staff on nutrition and malnutrition.	Substantially compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nursing care plans are discussed with the resident, next of kin, staff nurse and care manager in the yearly review. This can be more frequent if anyone of the above requests it for particular reasons.There is daily progress notes completed by the nurses twice in a 24 hr period and other visiting professionals complete the multidisciplinary form. The residents and or relative then agrees and signs the careplans. Careplans are updated as the needs change and are evaluated.	Substantially compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Care reviews are carried out yearly. The resident and family can call a review it they are not satisfied in any way and are activley encouraged to participate. All care reviews are sent to the home from the trust and signed when received and actioned where appropriate. There is a record of care reviews held in the home in the rsidents file..The result of care reviews are actioned where necessary. Changes are made to the care plans when the needs of the resident change and family and care manangement are informed..	Substantially compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
All residents likes and dislikes are documented where possible. Families are actively involved in providing information where possible. The catering manager meets new residents and families and records the food preferences. Where specialised diets are required the Kitchen hold a copy of the residents needs. The SALT reviews are Dietician reviews are kept in the residents file and copied to the catering staff. Residents are offered a choice at all meal times if they would like something different completely the catering staff will cater for them. There is uptodate information guidelines for all staff to avail of. Residents are actively involved in suggesting of meals for the catering staff. Staff assist residents to ensure they receive regular nutritional meals..	Substantially compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
All staff are in the procress of completing their online training in regards to nutrition and malnutrition. Residents assessed as having swallowing difficulties are attended by the Speech and language therapist and instructions are given to staff and care plans amended. Three main meals are served daily. morning tea trolley, afternoon tea trolley and evening tea trolley are served. All residents can avail of fresh drinking water all day. All staff are aware of the residents needs. All residents are supervised during meal times, if assistance is needed the staff assist and use the necessary equipment or aids. Nurses address all wound care issues , assess,plan, implement, evaluate and apply dressings where appropriate, referring the resident to TVN.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Substantially compliant

Appendix 2

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.	**Basic care: (BC) – basic physical care e.g. bathing or use if toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.**
• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away • Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others	Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.	**Negative (NS) – communication which is disregarding of the residents' dignity and respect.**
Examples include: • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • Telling someone what is going to happen without offering choice or the opportunity to ask questions • Not showing interest in what the patient or visitor is saying	**Examples include:** • Ignoring, undermining, use of childlike language, talking over an older person during conversations • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can't have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with 'kindness') • Seeking choice but then ignoring or over ruling it • Being angry with or scolding older patients • Being rude and unfriendly • Bedside hand over not including the patient

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol *pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Unannounced Care Inspection

Moneymore

18 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the nurse in charge during the inspection and the regional manager following the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	18 (2) (c)	The registered person shall having regard to the size of the nursing home and the number and needs of patients: Provide in rooms occupied by patients adequate furniture, bedding and other furnishings including curtains and floor coverings, and equipment suitable to the needs of patients **Ref: section 9.0**	Two	New bedroom furniture and furnishings are being purchased on a rolling basis.	From date of inspection
2.	20 (1) (a)	The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients – Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. This relates specifically to domestic / ancillary staffing. **Ref: section 9.0**	Two	Active recruitment is ongoing for domestic/ancillary staff. 2 staff apointed , awaiting access NI checks and references.	From date of inspection
3.	12 (1) (a)	The registered person shall provide treatment, and any other services to patients, in accordance with the statement of purpose and shall ensure that the treatment and other	Two	staff meetings held on 05.02.2015 with care staff emphasisng the answering and timely response to residents	From date of inspection

		services provided to each patient – Meets his individual needs. This is particularly in relation to patient access to call bells and response to patients. **Ref: section 9.0**		requesting assistance through the call bels and the placing of the nurse call button within reach of the resident..	
4.	14 (5)	The registered manager should review the care of patients currently subject to restraint of any kind and ensure that this is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances. Decisions should be appropriately documented. Care provided should be reflective of best practice in relation to human rights legislation and guidance on Deprivation of Liberty (DOLS). **Ref: section 11.1**	One	Care review has taken place with the care manager and family on 29.12.2014 regarding the use of a lapbelt on a residents chair. care plan updated, lapbelt replaced and lapbelt check forms in use daily. e-learning % for SOVA training is 93%. Training on restraint has been requested.	From date of inspection
5.	27 (b) (d) (h)	The registered person shall ensure that the premises are kept in a good state of repair; all parts of the home are kept clean and reasonably decorated and the communal space provided for patients is suitable for the provision of social activities appropriate to the circumstances of the patients. This is particularly in relation to the following: • Damaged doors and door frames	One	Door frames, architrave, paintwork, tiles are all included in a re-decoration programme. corridor flooring is to be replaced. The radiator cover has been replaced. The smoking room tiles have been cleaned and awaiting painting.	From date of inspection

		• Damaged walls and paintwork • Dirty grouting on wall and floor tiles • Cracked and loose wall and floor tiling • Damaged radiator cover • The setup of the smoking room **Ref: section 11.7**			
6.	13 (7)	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff. In particular, systems of work and auditing practices should be sufficiently robust to ensure that cleanliness of the home is of an acceptable standard. **Ref : sections 11.6; 11.7**	One	Domestic skills audit completed on staff and in-house quality assurance audit completed as required.	From date of inspection
7.	13 (4)	The registered manager must ensure that all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed. **Ref: section 11.8**	One	Staff have all been reminded and made aware at the staff meeting on 05.02.15 of the specific prescibing of thickening agents for relevant residents. This will be checked by the manager on a regular basis	From date of inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/f	12.2	It is recommended that the registered manager and the cook consult with all patients/residents regarding the choice, quality and timing of meals. A record should be maintained of this consultation, including an action plan with timescales. This should be used to inform the planning of meals and meal times. **Ref: section 9.0**	Two	a resident and relative meeting has been arranged for 18.02.2015 .Part of the agenda will address the residents choice and action plan as a consequence	From date of inspection
1.	20.1	The registered manager should ensure that guidance documents such as Nursing Midwifery Council (NMC) guidance and the Resuscitation Guidelines 2010 from the Resuscitation Council UK are available for reference in the home. **Ref: section 9.0**	Two	a new resuscitation file is place for nurses and carers to reference.	From date of inspection
2.	26.6	The following specified policies must be reviewed and updated as required and ratified by the responsible person: • Continence Care • Catheter care • Ileostomy and colostomy care • Digital rectal evacuation	One	all policys are available for nurses reference, but new policys are being ratified at present	From date of inspection

		• Bowel Care **Ref: Section 10.0**			
3.	19.2	The registered person should ensure that the following best practice guidelines are readily available to staff for reference and use when required: • British Geriatrics Society Continence Care Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence **Ref: section 10.0**	One	Guidelines for specific policy are now availble for all nurses to avail of.	From date of inspection
4.	10.5 10.7	All staff should update their knowledge and competence in relation to best practice in the use of restrictive practices, through training or other means, to ensure these are used as a last resort when other restrictive strategies are unsuccessful. In addition, up to date evidence based guidance in relation to restrictive practice should be made available to staff for use on a daily basis. **Ref: section 11.1**	One	Face to face training has been requested for all staff for the relevant subject of restraint and workbooks are being completed as part of staff supervision.	From date of inspection

5.	30.1	A review of staff deployment during meal times should be undertaken in order to ensure that the needs of the patients/residents are met in a timely way. **Ref: section 11.6**	One	Rhys hearne is being completed on a monthly basis to ascertain dependency levels and staffing needs. Staff have been advised to deploy staff daily as needs dictate to dining areas at meal times. This will be monitored by the Registered manager	From date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Kidd
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall J P WATSON DIRECTOR OF OPERATIONS 16/2/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	J Scarlett (K SCARLETT)	25/2/15
Further information requested from provider			