# Unannounced Care Inspection Report
# 30 June 2018

# Moneymore

**Type of Service: Nursing Home**
**Address: Cookstown Road, Moneymore, BT45 7QF**
**Tel No: 028 86748118**
**Inspector: Michael Lavelle**

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 41 persons.

## 3.0 Service details

| | |
|---|---|
| **Organisation/Registered Provider:**<br>Four Seasons Healthcare<br><br>**Responsible Individual(s):**<br>Claire Royston | **Registered Manager:**<br>Gail Brown (Acting) |
| **Person in charge at the time of inspection:**<br>Phyllis Glasgow, nurse in charge | **Date manager registered:**<br>Acting – No application required |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment. | **Number of registered places:**<br>41<br><br>A maximum of 1 patient in category NH-PH. There shall be a maximum of 2 named residents receiving residential care in category RC-I. |

## 4.0 Inspection summary

An unannounced inspection took place on 30 June 2018 from 08.50 hours to 17.15 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Moneymore which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during 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.

Evidence of good practice was found in relation to training, risk management, personalisation of patient bedrooms, communication between residents, staff and other key stakeholders,

Areas requiring improvement under regulation were identified in relation to management hours, post fall management, infection prevention and control practices and eliminating unnecessary risks to the health and welfare of patients, wound management, care planning, SALT recommendations and increasing audit activity in respect of care records.

Areas requiring improvement under the care standards were identified in relation to employment records, evidence of up to date training from agency staff, emergency evacuation plans, monitoring of fluid intake, staff meetings and communication with patients in a manner that is sensitive and understanding of their needs.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 5 | 6 |

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Greatbanks, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Concerns were raised in relation to the areas for improvement identified. The findings were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting in RQIA on 5 July 2018. At this meeting the registered person acknowledged the failings and provided an action plan as to how the concerns, raised at the inspection, would be addressed by management. RQIA were provided with the appropriate assurances and the decision was made to take no enforcement action at this time.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 7 September 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 September 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

During the inspection we met with 13 patients, seven staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

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 weeks beginning 11 June 2018 to week beginning 2 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. .

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 September 2017

The most recent inspection of the home was an unannounced medicines management inspection. One area for improvement was identified and restated for a second time.

## 6.2 Review of areas for improvement from the last care inspection dated 13 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**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>immediate from the day of the inspection | The registered persons shall review the arrangements for the decontamination and storage of commodes within the home.<br><br>**Ref: Section 6.4** | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the environment and discussion with staff evidenced that arrangements for the decontamination and storage of commodes within the home had been reviewed. | |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (1) (a) and (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>immediate from the day of the inspection | The registered persons shall ensure that bowel records are accurately maintained; and that the registered nurses have oversight of these records, to ensure that deficits are identified and appropriate action is taken, as appropriate.<br><br>**Ref: Section 6.5** | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of bowel records evidenced they are accurately maintained. This area for improvement has been met. | |

| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
|---|---|---|
| **Area for improvement 1**<br><br>**Ref**: Standard 38.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>11 August 2017 | The registered persons shall ensure that two written references linked to the requirements of the job are obtained for all staff, one of which must be from the applicant's present or most recent employer.<br><br>**Ref: Section 6.4** | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of one personnel file evidenced that two written references were obtained, one of which was from the applicant's most recent employer.<br>This area for improvement has been met. | |

## 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 and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from weeks beginning 11 June 2018 to week beginning 2 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Although staff attended to patients needs in a caring manner this was not always timely. For example, buzzers were not answered in a timely manner and the mid-morning tea was served late. This was discussed with staff who stated they were busy all morning.

Staff spoken with were not satisfied that there was sufficient staff on duty to meet the needs of the patients. A number of concerns were raised and were discussed with the acting manager and post inspection with the senior management team during the serious concerns meeting. Whilst we were unable to fully validate the claims that there were insufficient staff during the inspection, we were assured by the registered persons that the staffing situation would be kept under review to ensure the needs of the patients were appropriately met.

We also sought staff opinion on staffing via the online survey, although none were submitted within the timeframe for inclusion in this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Moneymore. However, many commented on the staffing levels. Some comments received included:

“There are not enough carers. They don’t have time.”
“I don’t think there is enough staff. They are very good but are very busy to attend to everyone’s care needs in a timely manner.”
“I don’t feel the staff have time. Nurses are doing jobs the nurses aids should be doing.”

We also sought the opinion of patients on staffing via questionnaires. One patient questionnaire was returned indicating that they were satisfied with the care they received and there was “enough staff available to care. They also included the following comment:

“I am home. Staff care 110%”

Discussion with staff and review of the staff duty rota for the previous month evidenced that the registered manager was on planned extended leave with the deputy manager now working as acting manager. The acting manager also had periods of planned leave and occasionally was working as a nurse in direct care delivery. No provision was evidenced to be made to replace the deputy management hours. The registered person must ensure that sufficient management capacity is allocated to ensure that the combined registered manager and deputy manager roles are fully fulfilled. This was discussed with the regional manager and identified as an area for improvement under the regulations.

Review of one staff recruitment file evidenced that these were not wholly maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. For example, although an employment history was given, the dates did not match those that were provided in one of the references. This was discussed with the regional manager and an area for improvement under the care standards was made. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, review of the induction records evidenced that mandatory training for one member of agency staff was out of date. This was discussed with the regional manager who sought assurances from the agency that the staff member’s mandatory training was up to date. This was identified as an area for improvement under the care standards.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the regional manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

Discussion with the regional manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records and discussion with the nurse in charge evidenced deficits in relation to the post fall management of patients. Review of one care record evidenced that on occasions when the patient had an unwitnessed fall sustaining a head injury, neurological and clinical observations were not carried out in accordance with best practice. In addition, when the patient had an unwitnessed fall sustaining no obvious injury, no clinical or neurological observations were taken. Discussion with staff evidenced that they would not routinely check neurological observations following an unwitnessed fall. This was discussed with the regional manager who agreed to review the falls policy used by the home and arrange supervision with registered nurses in relation to the management of falls. We asked that the issue of post fall management be discussed at the regional manager's forum to ensure all registered nurses were aware of their responsibilities in relation to appropriate post fall management. An area for improvement under regulation was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff confirmed that fire safety training was embedded into practice. However, review of the emergency evacuation plan for patients in the home evidenced that the information was not current for all patients and had not been updated to reflect the actual number of patients in the home at the time of the inspection. This was brought to the attention of the regional manager who agreed to review and update the records immediately. The manager should establish a system to ensure that any record in relation to fire safety procedures is maintained accurately. An area for improvement under the care standards was made.

Concerns were identified in regards to the management of infection, prevention and control (IPC) as follows:

- cleaning products not diluted as per manufacturers guidance
- faecal staining observed on an identified commode
- multiple commodes and shower chairs were rusted and stained – these should be cleaned and/or discarded and replaced

- rusted and loose hand rail at the side of an identified toilet – this should be replaced
- multiple toilets with no toilet seat and toilet lid
- multiple bedrooms with no waste bins
- ineffective cleaning of patient equipment including seated scales, rollators and wheelchairs
- inconsistent approach to effective use of personal protective equipment (PPE) and hand hygiene.

Details were discussed with the regional manager and a number of immediate actions were taken prior to the conclusion of the inspection which provided a level of assurance. An area for improvement under the regulations was made.

During review of the environment a domestic store was observed to be open. The potentially serious risk this posed to patients was highlighted to the nurse in charge who immediately arranged for the door to be locked. In addition, an electrical socket for a nurse call bell had been damaged and exposed wires were noted. This was also discussed with the regional manager who arranged for it to be fixed immediately.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails and alarm mats.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to training, risk management and the personalisation of patient bedrooms.

**Areas for improvement**

Four areas for improvement under regulation were identified in relation to management hours, post fall management and infection prevention and control practices.

Three areas for improvement under the care standards were identified in relation to employment records, evidence of up to date training from agency staff and emergency evacuation plans.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 3 | 3 |

**6.5 Is care effective?**

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

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, management of infections and wound care. Care records did not consistently contain details of the specific care requirements in each of the areas reviewed. A daily record was maintained to evidence the delivery of care, although gaps were identified.

Deficits were identified in wound management of one identified patient. The dressing regime evidenced gaps in recording in the daily records and wound evaluation chart of up to and including nine days. In addition, records described the wound as “mucky” however, staff documented that no swabs were available to swab the wound.

Gaps were noted in relation to care planning. Review of one patient’s care record evidenced that care plans were not established to guide and direct staff in regards to a number of care needs since admission some five weeks earlier. Other care plans for another patient had not be reviewed or evaluated since admission some four months earlier.

Review of speech and language (SALT) recommendations highlighted concerns. Review of one patient’s care record evidenced that they were risk assessed as a medium choking risk and recommended a texture E diet, although they had a care plan in place for a texture D diet. The above deficits were discussed with the manager and an area for improvement was made under the regulations.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN).

Review of supplementary care charts fluid intake records evidenced that contemporaneous records were not consistently maintained. Although bowel records, daily care charts, reposition charts and bed rail checks were generally well completed, records evidenced gaps in recording the total fluid intake in 24 hours. This was discussed with the regional manager and an area for improvement under the standards was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the acting manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Review of records evidenced that, staff meetings were not held on a quarterly basis. For example, general staff meetings were held in November 2017 and February 2018 and registered nurses meetings were held in November 2017 and January 2018. The next staff meetings are planned for July 2018. This was discussed with the regional manager and an area for improvement under the care standards was made.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The regional manager advised that relatives meetings were held on a bi-annual basis although they reported that these were not well attended. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who their named nurse was although not all patient's knew who the acting manager was. This was discussed with the regional manager who agreed to address this.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

**Areas for improvement**

An area for improvement under regulation was identified in relation to wound management, care planning and SALT recommendations.

Two areas for improvement under the care standards were identified in relation to monitoring of fluid intake and staff meetings.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 2 |

**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.**

We arrived in the home at 08.50 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs and the provision of clocks.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. However, concerns were raised following the observation of the midday meal. A care assistant failed to communicate with a patient in such a way that was sensitive to their needs. This was fed back to the regional manager and the nurse in charge. In order to ensure staff adopt a more person centred care approach and communicate with patients in a manner that is sensitive and understanding of their needs, an area for improvement was made under the care standards.

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Moneymore was viewed as a positive experience. Some comments received included the following:
"Everyone is perfect. I have no complaints. I wouldn't change a thing."
"I'm happy here. As happy as I can be."
"The nurses are great and attentive."
"They are great. I like the Sunday service."
"The staff are very good."
"They are just wonderful. You couldn't get any better."

Two patients commented negatively stating they did not feel involved in their care. They said,

"It is the worst place I have been in."
"Some staff are great and others are not so good."

This was discussed with the regional manager who agreed to speak to the patients.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were left in the home for completion. Three were returned within the expected timescale with all respondents indicating that they were satisfied or very satisfied with the care provided across the four domains. Some of the comments received were as follows:

"It is the best staff."

Ten relative questionnaires were provided; five were returned within the expected timescale. All five relatives indicated that they were satisfied or very satisfied with the care provided across the four domains. In addition, four relatives were consulted during the inspection. Some of the comments received were as follows:

"I am happy with the care here."
"The care is very good. I have no complaints. The staff are very helpful and would go out of their way to help you."
"He is well looked after and well cared for."
"I am absolutely happy. The staff know us all by name."
"Staff listen, top level too. They know my loved ones needs."
"My relative tells me that at night (bedtime) there tends to be agency staff who are unfamiliar with resident's medications and is very slow and labourious. My relative seems overall content and satisfied with their care."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

An area for improvement under the standards was identified in relation to communication with patients in a manner that is sensitive and understanding of their needs.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 1 |

**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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. A review of the duty rota evidenced that the acting manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff,

patients and their representatives evidenced that the acting manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the acting manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements are in place to implement the collection of equality data within Moneymore.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the regional manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, medication, slings and hoists and bedrails. In addition robust measures were also in place to provide the acting manager with an overview of the management of infections and wounds occurring in the home. However, there was no evidence of a regular auditing of care records. The regional manager confirmed that four care records should be audited each month however, review of audit records evidenced one record was reviewed in February 2018, three in March 2018 and two in June 2018. Due to the significant deficits identified within the care records an area for improvement was made under regulation.

Discussion with the regional manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes.

Discussion with the regional manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

As a consequence of the issues identified during the inspection, the registered person was invited to attend a meeting at RQIA to discuss the concerns identified. At this meeting on 5 July 2018 the registered person's representative provided RQIA with an action plan and assurances that Moneymore is operating in accordance with RQIA requirements.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

An area for improvement under regulation was identified in relation to increasing audit activity in respect of care records.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 0 |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Greatbanks, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
|---|---|
| **Area for improvement 1**<br><br>**Ref**: Regulation 20 (1) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall 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.<br><br>This is made in specific reference to sufficient management hours being available to ensure the governance arrangements for the nursing home and legislative requirements are met.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The acting Registered Manager is scheduled to work in the office to maintain governance arrangements. However there may be occassions that the Acting Registered Manager is required to back fill a nursing shift. This will be monitored and kept to a minimum. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The completion and recording of clinical and neurological observations were discussed under supervision and again at a Registered staff meeting held on 4th July 2018. The acting Registered Manager will continue to monitor this through the investigation process of accident recording on Datix. Compliance will also be monitored as part of the reg 29 audit. |
| **Area for improvement 3**<br><br>**Ref**: Regulation 13 (7)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.<br><br>This area for improvement is made in reference to the issues highlighted in 6.4.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The areas identified have been addressed and will be monitored by Acting Registered Manager and Registered Nurses during daily walk arounds.Compliance will be monitored by the Reg 29 visit. |

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| **Area for improvement 4**<br><br>**Ref:** Regulation 13 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.<br><br>This area for improvement is made in reference to the following:<br><br>• wound management<br>• care planning<br>• SALT recommendations<br><br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>Audits were completed for each resident with wounds, all residents who had moved in over recent months and residents with prescribed SALT recommendations. Any deficits noted were rectified and will be monitored by Acting Registered Manager during care file auditing. The three identified areas were discussed at Registered Nurse meeting held on 4th July 2018 and under clinical supervision. Compliance will be monitored during the Reg 29 audit |
| **Area for improvement 5**<br><br>**Ref:** Regulation 17 (1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>1 August 2018 | The registered person shall ensure systems are in place to monitor and report on the quality of nursing and other services provided. Monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure the necessary improvements are embedded into practice.<br><br>This area for improvement is made in relation to care record audits.<br><br>Ref: 6.7 |
| | **Response by registered person detailing the actions taken:**<br>The matrix for care plan auditing was reviewed. Any files found not to have been audited within acceptable time frames have now had audits completed. A matrix is now in place to ensure all files have audits completed. Compliance will be monitored during the Reg 29 audit. |

| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
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| **Area for improvement 1**<br><br>**Ref**: Standard 38.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>1 August 2017 | The registered person shall ensure any gaps in an employment record are explored and explanations recorded.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Employment records for recently employed staff have been reviewed. Going forward the employment process will be completed more diligently to ensure any gaps are explored and explanations given shall be recorded. |
| **Area for improvement 2**<br><br>**Ref**: Standard 39.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure all agency staff provide evidence of training most recently undertaken that fulfils training requirements.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>Agencies used in the Home have been contacted and request made to review their employees training records. When an agency shift is confirmed and agency profile is received the Acting Registered Manager or Nurse in Charge will review same to ensure that training is within date and should there be any breach in training dates the agency will be contacted before the commencement of shift and request an updated profile or replacement agency staff member. |
| **Area for improvement 3**<br><br>**Ref:** Standard 48.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure the emergency evacuation plans are maintained in an up to date manner and reflect the current number of patients' in the home at any given time.<br>Ref: 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The emergency evacuation plan was updated following the inspection process. This has remained updated and Acting Manager will continue to monitor. |
| **Area for improvement 4**<br><br>**Ref**: Standard 41<br><br>**Stated:** First time<br><br>**To be completed by:**<br>1 October 2018 | The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.<br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>A Registered Nurse meeting was held 4th July 18. Registered Nurse and Care assistant meeting was held on 15th and 16th August 18 with further meetings planned 23rd August 18. Going forward staff meetings will be scheduled at a minimum of quarterly. This will be monitored during Regulation 29 visits. |

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| **Area for improvement 5**<br><br>**Ref**: Standard 4.9<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that supplementary care records, specifically, fluid intake charts, are completed in an accurate, comprehensive and contemporaneous manner. Records should reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.<br>Ref: 6.5 |
| | **Response by registered person detailing the actions taken:**<br>Completion of supplementary booklets in particular fluid intake charts and the cross referencing to care progress notes were discussed during staff meetings and under supervision. Acting Home Manager will continue to monitor this during daily walk around. Compliance will be monitored during the Reg 29 audit. |
| **Area for improvement 6**<br><br>**Ref**: Standard 19<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate action required | The registered person shall ensure that staff adopt a person centred care approach, and communicate with patients in a manner that was sensitive and understanding of their needs.<br>Ref: 6.6 |
| | **Response by registered person detailing the actions taken:**<br>This was discussed at Registered Staff meeting 4th July 18. Communication with residents has been monitored and no concerns noted. |

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

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