

Unannounced Care Inspection Report 8 January 2018



Ballyclare Nursing Home

Type of Service: Nursing Home (NH)
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 0289334 0310
Inspector: Michael Lavelle

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 34 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes (Ltd)	Registered Manager: Nil registered
Responsible Individual: Janet Montgomery	
Person in charge at the time of inspection: Dorothy Burns – acting manager, no application received	Date manager registered: N/A
Categories of care: Nursing Home (NH) I – Old age not falling within any other category Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 34 A maximum of 4 residential beds for identified patients only.

4.0 Inspection summary

An unannounced inspection took place on 8 January 2018 from 07.40 to 15.45 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 'patients' is used to describe those living in Ballyclare Nursing Home which provides both nursing and residential care.

Ms Dorothy Burns is currently the acting manager for Ballyclare Nursing Home and will hold this position until a new manager is permanently recruited.

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

Evidence of good practice was found in relation to staff recruitment and induction, communication between residents, staff and other key stakeholders, dignity and privacy and maintaining good working relationships.

Areas requiring improvement were identified in relation to adult safeguarding training, infection prevention and control, patient safety, management of patient care records and post falls management.

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.

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	6	1*

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

*The total number of areas for improvement includes one area for improvement under standards which has been stated for a second time.

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

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 December 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 patients, 11 staff and two visiting professionals. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 1 January 2018 to 14 January 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
- two staff recruitment and induction files
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly unannounced 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, partially met, or not 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 December 2017

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure that infection prevention and control practices in relation to clutter in the clinical room, reusing single use items, the availability of PPE, the communal use of skin lotion are improved.	Met
	Action taken as confirmed during the inspection: Inspection of the clinical room evidenced that it was free from clutter. There was no evidence of reuse of single use items or the communal use of skin lotion. There was availability of personal protective equipment (PPE) throughout the home.	
Area for improvement 2 Ref: Regulation 4 (6) Stated: First time	The registered person shall ensure that the record of staff employed in the home is in accordance with details as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Review of the staff register evidenced that this was up do date and fully completed.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	The registered provider shall ensure that risk assessments are kept under review and updated in response to the changing needs of patients.	Met
	Action taken as confirmed during the inspection: Review of four patient care records and discussion with the acting manager evidenced that risk assessments are kept under review and updated in response to the changing needs of the patients.	

<p>Area for improvement 2</p> <p>Ref: Standard 39.8</p> <p>Stated: Second time</p>	<p>The registered provider shall ensure that registered nurses receive training in relation to care planning and the nursing process. Records of training should be retained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of training records and discussion with the acting manager evidenced that staff had received training in relation to care planning and the nursing process. Staff signed and dated the record to confirm they had received the training.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: Second time</p>	<p>The registered provider shall ensure that where a patient is assessed as at risk of pressure damage, a documented pressure damage prevention and treatment programme is drawn up and agreed with relevant professionals and entered into the patients care plan.</p>	<p>Met</p>
<p>Review of care records and discussion with the acting manager evidenced that care plans were in place for patients at risk of pressure damage. In addition there was evidence that care plans are reviewed and have input from appropriate professionals including Tissue Viability Nurses.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 12.27</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that the completion of food and fluid intake records by night staff is improved.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of supplementary care records evidenced that they were completed reasonably well. However some deficits were noted particularly by night staff. This area for improvement has not been fully met.</p> <p>This area for improvement is now stated for a second time.</p>		

<p>Area for improvement 5</p> <p>Ref: Section 2, E13, E37 and 38</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that the flooring in the downstairs wheelchair store is replaced and sluice areas meet the required standard.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the downstairs wheelchair store evidenced that the flooring had been replaced. The sink in the downstairs sluice has been replaced although taps have not been fitted yet. Following discussion with the acting manager the inspector is content that these works are planned and are due to be completed before the end of January.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p>	<p>The registered provider shall ensure that care plans have been developed to meet the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of four patient care records evidenced that that care plans are developed to meet the assessed health needs of patients. There was evidence to suggest care records were kept under review and updated in response to the changing needs of patients. For example, care records had been updated for one patient following a recent admission to hospital.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider shall review the process of staff handovers to ensure that the system in place fully informs staff of changes in the patients' needs and condition.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the nursing staff handovers evidenced a robust system was in place to inform staff of changes in patients' needs and condition. Care staff spoken to state there is a verbal handover which equips them with the information required to fully perform their role.</p>		

Area for improvement 8 Ref: Standard 35.6 Stated: Third and final time	The registered provider shall ensure that a robust system of auditing care records is maintained. Audits should include action plans to address any deficits identified.	Met
	Action taken as confirmed during the inspection: Review of the care plan audit evidenced a robust system to review care plans. These are completed monthly by the named nurse. Deficits are identified and action plans developed to address these. Discussion with the acting manager confirmed plans to have care plans peer reviewed as a quality improvement measure.	
Area for improvement 9 Ref: Standard 41.10 Stated: First time	The registered person should review the provision of administrative support to ensure nursing staff can fulfil their roles and responsibilities	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that administrative support is available three days per week in their sister home which is based on the same site.	

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 acting manager 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 for weeks commencing 1 January and 8 January 2018 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels. However, the inspector was unable to validate any staff deficiency on the day of the inspection. The inspector also discussed staff availability with patients and their representatives and a number of positive replies were received. In addition observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the acting manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Two staff personnel files were reviewed. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. However, review of training records evidenced that there was little provision in place to ensure staff attended mandatory training. Discussion with the acting manager confirmed that this had been identified and mandatory training has been arranged on a number of dates in January and February 2018.

Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. However the acting manager was unaware if any arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice, or if a safeguarding champion had been identified. Whilst we appreciate that the acting manager is new to her role, an area for improvement is made under the regulations in regard to adult safeguarding training.

Examination of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

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

During the review of the general environment it was observed that a number of patients had airflow mattresses on their beds, to prevent skin breakdown. However, a number of the mattresses checked were not set correctly for the weight of the patient. A discussion with staff evidenced that they did not know how to use the equipment and that there was no system in place to monitor the use of the mattresses. This was discussed with the acting manager and because of the potential impact on patient health and well-being an area for improvement under the regulations was made.

PPE was observed to be readily available throughout the home; however areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- a review of cleaning records evidenced deficits in cleaning of equipment at night time. For example, there was no evidence of regular cleaning of wheelchairs, hoists, dining room tables or chairs and these were visibly dirty.
- a review of cleaning records evidenced deep cleans had not been completed in the home in over six months
- there was no system in place to ensure hoist slings are laundered
- a review of the laundry evidenced the lack of availability of PPE for laundry staff.

Details were discussed with the acting manager and an area for improvement under the regulations was made.

A number of issues were identified during the review of the environment and urgent action was required in relation to the following areas:

- emergency call bells were missing from a significant number of bedrooms
- a number of wardrobes were not secured to the walls in patients bedrooms.

These actions were discussed with the acting manager and are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. An area for improvement under the regulations was made. This matter was referred to the estates inspector for reference.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of records and discussion with the acting manager evidenced that the fire warning system is tested weekly. There is a recent fire risk assessment and evidence of recent fire drills being conducted within the home.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to training for the acting manager and deputy manager in adult safeguarding, monitoring of airflow mattress settings, infection prevention and control, availability of emergency call bells and security of wardrobes.

	Regulations	Standards
Total number of areas for improvement	4	0

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 a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. For the most part care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. For example, care records had been updated for one patient following a recent admission to hospital. However, care plans were not fully completed for recent admissions to the home. Review of a further care record evidenced the skin integrity care plan had not been updated to reflect healing of pressure damage in May 2017 or recent pressure damage in January 2018. This was discussed with the acting manager and an area for improvement under the regulations was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. However, review of supplementary care charts such as food/fluid intake records evidenced that records were not maintained in accordance with best practice guidance, care standards and legislation. Deficits were noted in completion of these records. For example, records were not fully completed or totalled at the end of the day. Review of supplements records evidenced that supplements were not recorded as having been given. One record evidenced that a patient had continued on a supplement until the day of inspection. However, this supplement was to be discontinued on 1 December 2017. This was discussed with the acting manager and an area for improvement under the care standards is stated for the second time. This issue was referred to the pharmacy inspector for reference.

Review of four patient care records evidenced that in general, registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Review of one care record evidenced that on an occasion where the patient had sustained a head injury neurological or clinical observations were not recorded. This was discussed with the acting manager and an area for improvement under the regulations was made.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the acting manager confirmed that two staff meetings were held since the last inspection. A further staff meeting is planned for later this week. Staff confirmed that staff meetings were held every two to three months and that the minutes were made available. 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 their line manager and/or the acting manager. All grades of staff consulted, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

An examination of records evidenced that patient and/or relatives meetings were held on a bi-annual basis. Minutes of the most recent meeting in November 2017 were available and displayed on a notice board in the reception area of the home.

Patients confirmed that they attended meetings/were aware of the dates of the meetings in advance. Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were aware of who their named nurse was and knew the acting manager.

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

Two areas for improvement were identified under the regulations in relation to care planning post falls management.

An area for improvement made at the previous inspection in relation to supplementary care records was stated for a second time during this inspection.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the acting manager confirmed there was a patient activities leader (PAL) in the home responsible for the provision of activities. Notice boards within the home evidenced some planned activities including singing, a quiz, exercise clubs and hairdressing. Crafts made by the residents were also on display for sale at the reception area. Discussion with the PAL evidenced a varied programme planned to meet the individual needs of the patient's. In addition to the previously mentioned activities hand massage, bowls, games and craft making were also planned. Seasonal activities have also been planned for spring time including gardening and potting plants for the greenhouse. Walls of the home were adorned with photographs of patient's and patient's bedrooms were highly personalised.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were readily available. The menu was hand written on a whiteboard and consisted of a main course and dessert; it reflected the planned meal as identified in the weekly menu planner. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were pleasantly presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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

The acting manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

11 staff members and two visiting professionals were consulted to determine their views on the quality of care within Ballyclare Nursing Home. A poster was given to the acting manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

"We all get on very well here."

"This is one of the better homes; you get tea here!"

"We love our job and the patient's."

11 patients consulted were very complimentary and some commented as follows:

“I am here three years and I love it.”

“The staff are very helpful and kind.”

“It’s ok but the food could be better. You get a lot of meat but I can’t eat it. I’d like fish and chips or plain fruit.”

“Staff are very friendly. They care for me very well.”

“The staff are excellent.”

“Some staff are marvellous, some are ok.”

“I chose not to make suggestions, I wouldn’t like to tramp on anyone’s toes.”

Ten patient questionnaires were left in the home for completion. One of the patient questionnaires was returned within the time frame. This was complementary of the quality of care within Ballyclare Nursing Home. Comments noted from the questionnaire were as follows:

“Residents should know about their health & inform them of what is happening.”

No patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. Three of the relative questionnaires were returned within the timeframe for inclusion in the report. All were very complementary of the quality of care within Ballyclare Nursing Home, with one respondent scoring the home neutral under the well-led domain.

Some patient representative comments were as follows:

“Very satisfied with the care my relative gets.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the acting manager for 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the acting manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The acting manager has been in post since December 2017 and the home have recently appointed a new deputy manager. No application has been received by RQIA in relation to the registration of the acting manager.

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 and patients 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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. There was a selection of patient and relative's information leaflets available at the entrance of the home ranging from flu, stroke and dementia to copies of the DHSSPS care standards for nursing homes 2015 and the home's patient guide. There was also a suggestions and comments box at the entrance to the home.

Review of the patient register evidenced that the home was not operating in keeping with directives issued by RQIA in June and July 2017. At this time providers were instructed to inform RQIA when clients registered in the residential care category moved on from the home or to the nursing category. Further to this, providers were not permitted (in accordance with a Department of Health (DOH) directive) to admit new clients to homes under the residential category of care unless in exceptional circumstances and with agreement of RQIA. It was confirmed that RQIA had not been notified in respect of the reduction of residential care clients. Further to this a client was admitted to the home after directives had been issued advising not to do so.

As a consequence, the registered person was invited to attend a meeting at RQIA to discuss the issues. At this meeting on 17 January 2018 the registered person provided RQIA with assurances that Ballyclare Nursing Home has submitted the required variation application and is now operating in accordance with the RQIA requirements.

Discussion with the acting manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. These are audited on a monthly basis. Patients spoken with confirmed that they were aware of the home's complaints procedure.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were notified appropriately. Examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to care records, environment, complaints, incidents/accidents and service user satisfaction. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. The acting manager agreed to develop an audit in relation to wound management and infection prevention and control.

Discussion with the acting manager evidenced that a process was in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. However, the acting manager agreed that there could be a more robust system to collate and disseminate this information to staff and will develop a system to manage these.

Review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives. There was evidence that recommendations made following these visits are implemented by the acting manager.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 8 April 2018</p>	<p>The registered person shall ensure the acting manager and deputy manager receive advanced and specialised training in adult safeguarding. This may be accessed via Volunteer Now.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: An In House Strategy across the organisation is being developed with the GOM and one company director registered for training in March 2018. Sessions will be scheduled for cascading this across the group in the next few months.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that those air mattresses requiring body weight settings are set correctly for individual residents and a checklist has been put in place to monitor this</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to the following:</p> <ul style="list-style-type: none"> • equipment such as wheelchairs, hoists etc. should be regularly cleaned and accurate records maintained • deep cleans should be planned and documented in a cleaning schedule • a system is developed to ensure hoist slings are laundered • PPE should be readily available in the laundry for the protection of laundry staff. <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A programme to regularly clean all equipment in use has been commenced. A deep cleaning programme has been implemented throughout the home and a new steam cleaner has been obtained for this purpose. A checklist is in place to ensure hoist slings are regularly laundered. PPE is now readily available for laundry staff</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure nurse call bells are available in each patient's bedroom and that all wardrobes are secured safely to bedroom walls to mitigate the risk of injury to patients.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All residents' rooms have nurse call bells available All wardrobes have been secured to bedroom walls</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that care plans have been developed within 5 days of admission and are reviewed and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Trained staff ensure care plans are developed within time limit and review and update these in response to changing needs. Audits are maintained to monitor compliance</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure records of clinical observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: Trained staff are recording clinical observations and actions taken post fall in patients care records. Records are audited to maintain compliance</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.27</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that food and fluid intake records reflect a full 24 hours and that the total intake / output are collated into the patient's daily progress records.</p> <p>Section 6.5</p> <p>Response by registered person detailing the actions taken: Food and fluid intake records are completed and collated to reflect 24hour period. Records are audited to monitor compliance</p>

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