



Unannounced Care Inspection Report 31 May 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.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered Manager: See below
Person in charge at the time of inspection: Dorothy Burns, manager	Date manager registered: No application received
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 34 There shall be a maximum of 3 named residents receiving residential care.

4.0 Inspection summary

An unannounced inspection took place on 29 May 2018 from 08.40 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.

On this occasion the inspector Michael Lavelle was accompanied by an additional member of RQIA staff who observed the inspection process.

The term 'patient' is used to describe those living in Ballyclare Nursing Home which provides nursing care and residential care for three identified persons.

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 staffing, induction, training, adult safeguarding, risk management, home's environment, communication between residents, staff and other key stakeholders, the culture and ethos of the home, dignity and privacy, governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control practices, staff recruitment, supervision and appraisal, care plans,

Area requiring improvement that were stated for a second time were in relation to nurse call bells, admission care plans and post fall management.

At the time of the inspection the home had four residents requiring residential care. This number was above the current number permitted on the homes registration. Whilst the circumstances that resulted in the home operating outside of their registered categories were known by RQIA, it was made clear by the inspector that this situation could not continue and plans to relocate the identified resident should be progressed in consultation with the resident, their representatives and the commissioning trust.

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	*4	3

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

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

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

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 2018. 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
- 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 14 patients and six staff. 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 21 May 2018 and 28 May 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
- five patient care records
- a selection of patient care charts including food and fluid intake charts, bowels and toileting chart and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- 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 or partially 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 8 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 8 January 2018

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 20 (1) (c) (i) Stated: First time	<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>Action taken as confirmed during the inspection: Discussion with the manager evidenced that two of the company's senior management team have attended the Volunteer Now training. There are plans to cascade in house training to home managers, deputy managers and registered nurses. This area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Regulation 12 (1) (a) Stated: First time	<p>The registered persons shall ensure that the settings of pressure mattresses are monitored and recorded to ensure their effective use.</p> <p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this area of improvement has been met.</p>	Met
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	<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. 	Met

	<p>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this area of improvement has been met.</p>	
<p>Area for improvement 4 Ref: Regulation 27 Stated: First time</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>Action taken as confirmed during the inspection: Review of the environment evidenced that wardrobes were secured to the wall. However, two bedrooms inspected did not have nurse call bells.</p> <p>This area for improvement is now stated for a second time.</p>	Partially met
<p>Area for improvement 5 Ref: Regulation 16 Stated: First time</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>Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced there were improvements on completion of care plans for new admissions. However, review of one care record evidenced the absence of a care plan to manage a patient's urinary catheter.</p> <p>This area for improvement is now stated for a second time.</p>	Partially met
<p>Area for improvement 6 Ref: Regulation 13 (1) (b) Stated: First time</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>Action taken as confirmed during the inspection: Review of two care records evidenced gaps in the monitoring of neurological observations. For example, on an occasion where a confused patient had an unwitnessed fall, no regular neurological observations were taken. On another occasion where a patient had an unwitnessed fall, neurological observations were not recorded in keeping with best practice guidance.</p> <p>This area for improvement is now stated for a second time.</p>	Partially met

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12.27 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this area of 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 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 from weeks beginning 21 May 2018 and 28 May 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 and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Ballyclare Nursing Home. One patient stated they did not feel safe using the lift which we observed not working properly. They said, "I don't want to use the lift as it's not safe." This was discussed with the manager who was aware of the patients concerns. Assurances were given that the faulty lift had been reported and engineers were to fix it within two weeks of the inspection. We also sought the opinion of patients on staffing via questionnaires. Eight patient questionnaires were returned indicating that they were very satisfied with the care they receive.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Details of comments made/received via questionnaires in relation to staffing were discussed with the manager prior to the issuing of this report.

Review of one staff recruitment file evidenced that this were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, gaps in employment were noted; there was no evidence that

these had been discussed and explanations recorded. This was discussed with the manager and an area for improvement was made under the care standards.

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.

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. Review of records and discussion with the manager evidenced gaps in the supervision and appraisal planners for staff. The manager confirmed that they are currently working on a planner to arrange dates for these. This was identified as an area for improvement under the care standards.

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 DHSSPS Care Standards for Nursing Homes. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the safe moving and handling of patients. However, we were concerned with the practice of one member of ancillary staff. The deficits observed in the delivery of the identified staff member's work and their compliance with best practice was discussed with the manager during inspection and an area for improvement was made under the regulations.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the 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 five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. We reviewed accidents/incidents records since the last care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. However, discussion with the manager and observation of the faulty lift evidenced that no notification had been received despite the lift fault persisting for two weeks. Discussion with patients further demonstrated that the lack of a fully functioning lift adversely affected the wellbeing of patients. This was discussed with the manager who agreed to submit a notification retrospectively.

Discussion with the registered 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.

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 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.

With the exception of the example cited above, observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were adhered to. However, discussion with staff evidenced the Public Health Agency (PHA) regional urinary tract infection (UTI) tool was not being consistently used. This was discussed with the manager who agreed to discuss this during supervision with the registered nurses. This will be reviewed at a future care inspection.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, risk management and the home’s environment.

Areas for improvement

An area for improvement under regulation was identified in relation to infection prevention and control practices.

Two areas for improvement under the care standards were identified in relation to staff recruitment and supervision and appraisal.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Care records did not consistently contain details of the specific care requirements in each of the areas reviewed, although a daily record was maintained to evidence the delivery of care. As discussed in section 6.2 review of one care record evidenced the absence of a care plan to manage a patient’s urinary catheter. In addition, one patient with a wound and another patient who had a recent chest infection did not have care plans in place to direct care. This was discussed with the manager and an area for improvement under the care standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that

records were maintained, although deficits were identified in relation to the recording of supplements. This is discussed further in this section. 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), the speech and language therapist (SALT) or the dietician.

We reviewed the administration of topical medicines and supplements. Discussion with the manager/staff evidenced that the administration of topical medicines and giving of supplements were delegated by registered nurses to care staff. However, while registered nurses did record the administration of such medicines to patients, there were no supplementary medication records in place for care staff to complete. In addition, supplements were not accurately recorded on the input records. This was discussed with the manager and referred to the medicines management inspector for follow up.

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 manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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 manager advised that relatives meetings are held bi-annually with one planned for June 2018. Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives knew the manager.

Discussion with staff and the manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. A recent meeting had been held and minutes were available. Dates for planned staff meetings were shared with us post inspection.

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 the care standards was identified in relation to care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

We arrived in the home at 08.40 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 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 enjoy their chosen activity and 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 and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patient's recently attended the Ballyclare fair and we commended the activities co-ordinator on the successful event held in the home to celebrate the recent royal wedding. Discussion with the activities co-ordinator confirmed no records were retained to evidence regular evaluation of the activities programme or of engagement with patients and/or their relatives. In addition, no record was retained on who was leading on all activities. This was discussed with the manager who agreed to meet with the activity co-ordinator to review activity arrangements. This will be reviewed at a future care inspection.

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, the provision of clocks and prompts for the date.

We observed the serving of the midday 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.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 14 patients individually, and with others in smaller groups, confirmed that living in Ballyclare Nursing Home was viewed as a positive experience.

Some comments received included the following:

“I wouldn’t change anything in this home, it’s perfect. If I ask them to do anything they do it. I have a choice of what happens. The meals are always to my liking. If I wanted something different I would ask.”

“They are very good to me. Couldn’t be better.”

“I love it here. Everyone is friendly.”

“Not too bad.”

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 provided; eight was returned within the expected timescale. The questionnaire indicated that patients were very satisfied or satisfied with the care provided in all domains. One scored care as neutral in the safe domain, while another scored care as neutral in the effective and well led domains.

No relatives were consulted during the inspection. Ten relative questionnaires were provided; two were returned within the timescale. Both indicated that they were very satisfied with the care provided across the four domains. Three additional questionnaires received did not identify who completed them. Both indicated that they were very satisfied with the care provided across the four domains, with one stating they were satisfied in the effective domain. Additional comments were recorded as follows:

“I have only one concern at this time. The lift is not working and has been out of action for a few weeks. I know it can be used if arranged but staff are very busy looking after other residents and it is unfair to put this extra work on them.”

“Carers could be informed about the recovery process – which will need assisted exercise plan over an extended time (slow long road ahead).”

Six staff members were consulted to determine their views on the quality of care in Ballyclare Nursing Home. Staff were asked to complete an online survey; we had no responses within the timescale specified. Some comments received included:

“The management are excellent. I have no concerns.”

“The manager is very approachable. We feel much appreciated.”

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 and dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.

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 had four residents in the home instead of three. This additional residential client meant that the home was not operating within the categories of care registered at the time of inspection. However, we were appreciative of the exceptional circumstances which led to this situation. Action however was required to be taken by the home to rectify the situation in consultation with the residents, their representatives and the referring trust. Correspondence received post inspection confirmed that the home had subsequently come into compliance with their registered categories of care as required.

Since the last inspection there has been a no change in management arrangements. An application for registration with RQIA has not been received and the need to register was discussed with the manager. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, it did not clearly identify the nurse in charge of the home in the manager's absence and it was not signed by the manager/designated person. This was discussed with the manager who agreed to amend the rota to reflect these requirements. This will be reviewed during a future care inspection.

Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Despite not being clearly indicated on the staff rota, staff were able to identify the person in charge of the home in the absence of the 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. The operations manager confirmed that diversity and inclusion were part of the homes core values and training was provided to staff during induction and annually.

The manager confirmed that one complaint had been received since the last care inspection. The manager should review the existing systems that are in place to ensure that complaints are managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. This will be reviewed at a future care inspection.

Discussion with the 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 and care records. In addition, measures were also in place to

provide the manager with an overview of the management of wounds occurring in the home. Discussion with the manager evidenced areas where audit activity could be developed particularly in relation to infection prevention and control practices, incidence of infection within the home and restrictive practice. The manager agreed to address this area. This will be reviewed at a future care inspection.

Discussion with the 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 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second 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: 6.2</p>
	<p>Response by registered person detailing the actions taken: Nurse call bells are available in each resident's bedroom and maintained accordingly. All wardrobes have been secured safely</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: Second 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: 6.2</p>
	<p>Response by registered person detailing the actions taken: Trained staff will ensure that each resident has individual care plans within five days which will be updated in response to any changing needs</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second 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: 6.2</p>
	<p>Response by registered person detailing the actions taken: All trained staff record appropriate clinical observations and any corresponding actions taken post fall in residents care records</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to preparation of cleaning products as per manufacturer's guidance, domestic staff's use of PPE and hand hygiene.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This suggestion for improvement has been addressed through staff meetings and individually through appraisal and supervision</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 38.3 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure gaps in employment records are explored and explanations recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All gaps in employment records are investigated as required and explanations recorded on personnel files. The employment records examined on the day of inspection have been checked and the explanation of the gaps was satisfactory</p>
Area for improvement 2 Ref: Standard 40 Stated: First time To be completed by: 14 July 2018	<p>The registered person shall ensure staff receive at least six monthly supervision and their performance is appraised annually to promote the delivery of quality care and services.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Appraisals and supervision systems are in place and functioning as detailed above</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that care plans kept under review and updated in response to the changing needs of patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care plans are updated by Trained Staff in response to the changing needs of residents. Care plans will continue to be audited to ensure this</p>

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



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Assurance, Challenge and Improvement in Health and Social Care