

Unannounced Care Inspection Report 2 August 2017



Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel no: 028 9334 0310
Inspector: Liz Colgan

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 thirty four persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Home Ltd Responsible Individual(s): Mrs Janet Montgomery	Registered Manager: Ms Harriet Dunsmore
Person in charge at the time of inspection: Dorothy Burns - Deputy Manager	Date manager registered: 1 April 2005
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 comprising: 26 NH-I 8 RC-I, PH(E), and MP(E)

4.0 Inspection summary

An unannounced inspection took place on 02 August 2017 from 08.50 to 14.20 hours.

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

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

Evidence of good practice was found in all four domains in relation to staffing, including the recruitment, induction, and training of staff, adult safeguarding, risk management and the home's environment. Patients were treated with, dignity and respect and were afforded privacy when required. Of particular note was the interaction between staff and patients and the comfortable and light atmosphere in the home.

Areas requiring improvement were identified, such as environmental issues, infection prevention and control practices, the completion of food and fluid intake records, staff handovers, administrative support and the record of staff employed in the home. Four areas were identified for improvement under the standards for a second time in relation to providing staff training, risk assessments and care records. One area was identified for improvement under the standards for the third and final time in relation auditing of care records.

Patients said

“Staff look after me well.”

“The home is lovely.”

“Staff are friendly and caring.”

“Sometimes my medication in the afternoon is late.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. Patient’s questionnaires indicated that staffing levels could be improved.

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	2	*9

* Indicates that some of the areas for improvement have been have been stated for a second or third time.

Details of the Quality Improvement Plan (QIP) were discussed with Dorothy Burns, Deputy 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 6 February 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 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
- 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 the inspector met with 11 patients, and five staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution

The following records were examined during the inspection:

- duty rota for all staff from 03 July to 04 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff meetings
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- staff register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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, 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 06 February 2017

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 6 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: Second time	<p>The registered provider should ensure that a robust system of auditing care records is maintained. Audits should include action plans to address any deficits identified.</p>	Partially met
	<p>Action taken as confirmed during the inspection: The inspection confirmed that auditing of care records had commenced. However the audits need further development and the results of audits should be analysed to ensure that appropriate actions are taken to address any shortfalls identified and ensure that any necessary improvements could be embedded into practice.</p> <p>This area for improvement has been stated for the third and final time.</p>	
Area for improvement 2 Ref: Standard 4 Stated: First time	<p>The registered provider should ensure that risk assessments are kept under review and updated in response to the changing needs of patients.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The inspection confirmed that generally risk assessments were kept under review and updated in response to the changing needs of patients. However in one care record the falls risk assessment had been completed incorrectly as no history of falls was noted. However review of accident records noted a history of three falls in May 2017. The care record had not been updated to reflect this change in need.</p> <p>This area for improvement has been stated for the second time.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered provider should 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>Action taken as confirmed during the inspection: The inspection confirmed that in one care record reviewed a care plan was not developed to meet the assessed health needs of patient with a short term illness.</p> <p>This area for improvement has been stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41.1</p> <p>Stated: First time</p>	<p>The registered provider should review the contingency arrangements in place for managing staff sickness so that the number and ratio of staff on duty at all times meet the care needs of patients.</p> <p>Action taken as confirmed during the inspection: The inspection confirmed that contingency arrangements for managing staff sickness had been reviewed to ensure that the number and ratio of staff on duty at all times meet the care needs of patients.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure that registered nurses receive training in relation to care planning and the nursing process. Records of training should be retained.</p> <p>Ref: Section 4.4</p> <p>Action taken as confirmed during the inspection: The inspection confirmed that registered nurses had not received training in relation to care planning and the nursing process.</p> <p>This area for improvement has been stated for the second time.</p>	<p>Not met</p>

<p>Area for improvement 6</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all relevant staff receives updated training in the management of feeding techniques for patients who have swallowing difficulties.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that all relevant staff had received updated training in the management of feeding techniques for patients who have swallowing difficulties.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 41.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis and at a minimum quarterly, with all staff groups, including catering assistants. Records of all staff meetings should be maintained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that staff meetings take place on a regular basis and at a minimum quarterly, with all staff groups, including catering assistants. Records of all staff meetings were maintained.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered provider should 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>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspection confirmed that in most, but not all, instances where a patient was assessed as at risk of pressure damage, a documented pressure damage prevention and treatment programme had been drawn up and agreed with relevant professionals and entered into the patients care plan.</p>		
<p>This area for improvement has been stated for the second time.</p>		

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 registered 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 3, 10, 17, 24 and 31 July 2017 evidenced that the planned staffing levels were adhered to.

Discussion with patients, and staff evidenced that there were no concerns regarding staffing levels. However patient's questionnaires returned indicated in their opinion staffing levels could be improved. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

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. 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. Discussion with staff and review of records evidenced that regular staff supervision and appraisals are undertaken. Competency and capability assessments for nursing staff were up to date.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. An area for improvement identified at the previous care inspection was to provide training for registered nurses in relation to care planning and the nursing process. Discussion with registered nurses and the lack of records for this training confirmed that this area for improvement has not been met and is stated for the second time.

Discussion with the registered manager and 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).

Discussion with the deputy manager confirmed that a record of staff employed in the home as outlined in Schedule 4(6) of the Nursing Homes Regulations (Northern Ireland) 2005 had not been developed. This was identified as an area for improvement.

The registered 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. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. In one care record the falls risk assessment had been completed incorrectly as no history of falls was noted. However review of accident records noted a history of three falls in May 2017. At the last care inspection this was identified as an area for improvement. This area for improvement has been partially met and is stated for the second time.

Generally there was evidence that risk assessments informed the care planning process. However the inspection confirmed that in one care record, where a patient has been identified and assessed as at risk of pressure damage, a documented pressure damage prevention and treatment programme had not been drawn up and agreed with relevant professionals and entered into the patients care plan. At the previous care inspection this was identified as an area for improvement. This area for improvement has been partially met and is stated for the second time.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were recorded. However, there was no evidence that these were analysed to identify patterns and trends or if action plans were needed to address any deficits identified. There was evidence that the number of falls 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.

Review of repositioning, food and fluid intake records for a four patients nursed in bed evidenced that repositioning charts were recorded appropriately. Review of food and fluid intake records noted that improvement is needed in the recording of these charts by one member of staff, details were discussed with the deputy manager. This was identified as an area for improvement.

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

A number of areas were identified for improvement in regards to the environment of the home and infection prevention and control. Parts of the flooring in the downstairs wheelchair store were missing and the concrete flooring exposed. This flooring should be replaced and is identified as an area for improvement.

There are four sluice areas in the home none of which met the standard set out in the appropriate care standards. The 2 larger sluice areas have an equipment sink, which was stained and the fittings tarnished, there are no sluice hoppers or hand washing facilities. The two smaller sluice areas only have a sluice hopper. This was identified as an area for improvement.

The clinical room was cluttered, and untidy, at the sink, two peg tube connectors were steeping in a plastic cup of water and two used syringes were stored in a plastic cup. This was brought to the attention of the deputy manager who addressed this immediately. It was also noted that staff were reusing disposable tourniquets. Throughout the home there was a good supply of personal protective equipment (PPE) dispensers, however a significant number of either the glove or apron dispensers were empty. A half empty bottle of skin lotion in a pulp dispenser was observed on the rail outside a patient’s bedroom. This bottle was not individually labelled to one patient which creates the potential for communal use. Infection prevention and control was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home’s environment in relation patient’s bedrooms and the general welcoming atmosphere.

Areas for improvement

Areas for improvement in relation to regulations were identified in relation to , 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 and ensuring that the record of staff employed in the home is up to date.

Areas for improvement in relation to the standards were identified in relation to the completion of food and fluid intake records and the environment in relation to the flooring in the downstairs wheelchair store and ensuring sluice areas meet the required standard.

The management audits for falls requires improvement to ensure falls are analysed to identify patterns and trends and if required action plans are put in place to address any deficits identified. Audits and their overall management have been identified in section 6.7 as an area for improvement.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and generally reviewed as required. In most instances there was evidence that risk assessments informed the care planning process. These were identified as areas for improvement in section 6.4.

Care records largely reflected the assessed needs of patients and were kept under review. In one care record reviewed a care plan was not developed to meet the assessed health needs of a patient with a short term illness. At the previous care inspection this was identified as an area for improvement. This area for improvement has been partially met and is stated for the second time

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, TVN. Care records adhered to recommendations prescribed by other healthcare professionals.

Review of repositioning, food and fluid intake records for four patients nursed in bed evidenced that repositioning charts were recorded appropriately. Review of food and fluid intake records noted that improvement is needed in the recording of these charts. This was identified as an area for improvement in section 6.4.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

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.

Discussion with staff and a review of the duty rota evidenced that only nursing staff were required to attend a handover meeting at the beginning of each shift. A communication sheet is provided for care staff, this a relatively new development and part time staff have informed management that this system does not fully inform them of changes in the patients' needs and condition. This was identified as an area for improvement

Discussion with the registered manager confirmed that staff meetings were held on a monthly basis and records were maintained. 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 registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient spoken with expressed their confidence in raising concerns with the home's staff/management. Patients knew the registered manager. There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork, morale and communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement in relation to the standards was identified in relation to the review of staff handovers.

	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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. 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.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining room and patients were offered a good choice of lunch including two choices of both main meal and desserts. A choice was also available for those on therapeutic diets and if patients wanted something different from the displayed menu.

On the day of the inspection an activity session had been organised for the afternoon. The entertainer was excellent and the majority of the patients attended. There was good participation and the smiles on the patients' faces displayed their obvious enjoyment of the session.

Discussion with the registered 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.

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Ballyclare Nursing Home was good.

As part of the inspection process, we issued questionnaires to staff (ten), patients (eight) and their representatives (ten). Seven patients, six patient's representative and one staff completed and returned questionnaires.

The questionnaires from patients, patient's representatives and staff highlighted that all were either very satisfied or satisfied that the home was well led and provided safe, effective and compassionate care. The following comments were received.

Patient comments:

"Sometimes not enough staff but I'm ok."
 "Always feel not enough staff to cope with what they have to do."
 "Couldn't be better looked after."
 "Need more staff."
 "Not satisfied with timing for medication."
 "More staff would be helpful."
 "If I want to go into Ballyclare there is not enough staff to go."

Two patients answered no to the question "Do you see the manager regularly." The following comments were received in relation to this:

"Not always there."
 "No complaint it's not necessary to see the manager."

Representatives' comments:

"At weekends they seem very understaffed, sometimes my relative has to wait a long time for attention."
 "Sometimes I have to tell the nurses about a problem and they don't tell me if it has been seen to. I have to ask, I feel I am annoying them, although the staff always reassure me that I'm not."
 "I have to say that the carers in particular are second to none and make my mother feel safe and in good hands."
 "My dad has been in the home for six months and we are delighted with the care he receives. All of the staff take time to chat with him, in addition to his care and treat him as they would one of their own family."
 "The nurse manager and deputy manager are excellent; they are truly interested in their patients and their families. I am absolutely delighted that we managed to get my dad into this nursing home."

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.

Some comments were made by patients during the inspection are detailed below:

Patient comments included:

"Staff look after me well."
 "The home is lovely."
 "Staff are friendly and caring."
 "Sometimes my medication in the afternoon is late." (Discussed with the deputy manager who agreed to action this issue.)

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. Of particular note was the interaction between staff and patients, the comfortable and light atmosphere in the home and the activity session on the day of the inspection.

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

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff 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. Discussion with the deputy manager and review of records evidenced that the home was operating within its registered categories of care.

The deputy manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the deputy 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. Patients spoken with confirmed that they were aware of the home's complaints procedure. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Review of training records evidenced that staff had attended training on the handling of complaints. A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

There was evidence that audits for care plans had commenced. However further development of this audit process is required. At the previous care inspection this was identified as an area for improvement. This area for improvement has been partially met and is stated for the third and final time.

Accidents/incidents audits had been completed on a monthly basis, including falls. Infection prevention and hygiene audits were ongoing. The form used for collating the results of accident audits needs to be revised to identify trends and patterns.

Discussion with the deputy manager and staff highlighted that administrative support is currently only provided for wages and invoices. Other administrative duties are undertaken by manager, deputy manager and nursing staff which impacts on their time to complete audits. The registered person should review this area to ensure that sufficient administrative support is provided to allow nursing staff to fulfil their roles and responsibilities.

There were systems and processes 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.

Discussion with the deputy manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. 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.

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 complaints and maintaining good working relationships.

Areas for improvement

An area for improvement in relation to the standards was identified in relation to reviewing the provision of administrative support.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Dorothy Burns, Deputy 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 to Nursing.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Clinical room has been decluttered, all staff have been reminded of policy regarding single use items, measures have been put in place to ensure PPE equipment is always available, the skin lotion observed in the upstairs corridor was found to be protective moisturiser supplied for staff use only and was replaced in staff room. All staff are aware that topical preparations prescribed for individual residents are not for communal use.</p>
<p>Area for improvement 2</p> <p>Ref: Schedule 4 (6)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2017</p>	<p>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.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Records of staff employed are available as required.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2017</p>	<p>The registered provider shall ensure that risk assessments are kept under review and updated in response to the changing needs of patients.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Trained Staff are aware of requirements that ensure risk assessments are always meeting residents' changing needs with regular audits to ensure compliance.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39.8</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2017</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>Ref: Section 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2017</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>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Trained staff will ensure an agreed, documented programme of care is in place for all residents assessed as a risk of pressure damage with audits in place to ensure compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.27</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2017</p>	<p>The registered provider shall ensure that the completion of food and fluid intake records by night staff is improved.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All night staff have been made aware of the importance of offering and assisting residents with fluid intake overnight and audits are now in place to ensure this is carried out and that records have been completed.</p>
<p>Area for improvement 5</p> <p>Ref: Section 2 E13,E37and 38</p> <p>Stated: First time</p> <p>To be completed by: 2 November 2017</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>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The registered owner is aware of this area of improvement and plans have been made to carry out necessary repairs.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4.7</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2017</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>Ref: Section 6.5</p>
<p>Area for improvement 7</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2017</p>	<p>Response by registered person detailing the actions taken: Trained staff are aware of the need to develop and review care plan according to the assessed health needs of the residents and to update these according to their changing needs. Audits are in place to ensure compliance.</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>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: A system is in place where care assistant can read a report at commencement of their shift with the trained staff verbal handover continuing as previously.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35.6</p> <p>Stated: Third and final time</p> <p>To be completed by: 2 September 2017</p>	<p>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.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Care record audits are in place to ensure deficits are identified and action plans in place for these.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 41.10</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2017</p>	<p>The registered person should review the provision of administrative support to ensure nursing staff can fulfil their roles and responsibilities.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: This has been advised to Operations Manager.</p>



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