



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 January 2020



Hamilton Care Home

Type of Service: Nursing Home
**Address: The Plantain, 168 Ballycorr Road,
Ballyclare, BT39 9DF**
Tel No: 02893341396
Inspector: Elizabeth Colgan

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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients in the categories outlined in section 3.0.

3.0 Service details

Organisation/Registered Provider: Mrs Heather Hamilton Responsible Individual: Mrs Heather Hamilton	Registered Manager and date registered: Linzi Tweedy – acting no application required
Person in charge at the time of inspection: Upon arrival: Staff Nurse Natalie Burke 09.01 onwards: Linzi Tweedy	Number of registered places: 36 2 named patients in category NH-PH and 1 named patient in category NH-LD.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. NH-PH – Physical disability other than sensory impairment. NH-LD – Learning disability.	Number of patients accommodated in the nursing home on the day of this inspection: 36

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 08.25 hours to 14.25 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of a previous finance inspection have also been reviewed on this inspection.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, the home's environment, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

The following areas were identified for improvement in relation to care records, Control of Substances Hazardous to Health(COSHH) regulations, post incident review of accidents and ensuring that the minutes of patients' and their representatives' meetings are maintained.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients and staff during the inspection, are included in the main body of this report.

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	0	*6

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

Details of the Quality Improvement Plan (QIP) were discussed with Linzi Tweedy, 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 20 August 2019

The most recent inspection of the home was an unannounced care follow up inspection undertaken on 20 August 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received. For example:

- written and verbal communication received since the previous care inspection which includes information in respect of potential adult safeguarding issues and whistleblowing
- notifiable events since the previous care inspection
- the registration status of the home
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaire responses were returned for patients, their representatives or staff within the timescale for inclusion in this report.

The following records were examined during the inspection:

- duty rota for all staff from 6 January to 19 January 2020
- 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
- three staff recruitment and induction files
- six patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- staff meetings
- patient/representatives
- fire records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)

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 29 Stated: First time	The registered person shall ensure that the monthly monitoring visit reports include time bound action plans referencing any areas identified for improvement. The reports should also evidence any and all ongoing actions by the manager in response to areas for improvement highlighted within such reports.	Met
	Action taken as confirmed during the inspection: Review of the monthly monitoring visit reports evidenced that they included time bound action plans which referenced any areas identified for improvement. The reports also evidenced any and all ongoing actions by the manager in response to areas for improvement highlighted within such reports.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: Second time	The registered person shall ensure that staff adheres to the home's dress code policy in accordance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: Observation of staff on the day of the inspection confirmed that staff adhered to the home's dress code policy in accordance with best practice in infection prevention and control.	

<p>Area for improvement 2</p> <p>Ref: Standard 4 Criterion 8</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that following a suspected or confirmed head injury that neurological observations are carried out in accordance with best practice guidelines, documented and responded to appropriately. The registered provider should ensure that a local protocol is developed to guide staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that a policy and protocol had been devised. Review of the records of three randomly selected patients who had sustained a head injury evidenced that neurological observations had been carried out in accordance with best practice guidelines, documented and responded to appropriately.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' care records include detailed and person centred care plans which clearly outline the assessed needs and/or preferences with regard to being assisted into/out of bed. Care records should also clearly reference any deviation from this prescribed care with an explanation provided by nursing staff.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of patient care records evidenced that these clearly outlined the assessed needs and/or preferences with regard to being assisted into/out of bed. Discussion with the four patients in the dining room upon arriving in the home confirmed that this was their choice.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are aware of the contact details for the duty, out of hours social worker and their role in adult safeguarding.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff confirmed that they were aware of the contact details for the duty, out of hour's social worker and their role in adult safeguarding.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that for patients presenting with behaviours which challenge that a care plan is put in place with specific detail of the type of behaviour, the triggers for such behaviour and the actions staff should take to manage these.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>At the time of the inspection patients were not observed to display behaviours which challenge and the manager stated that the home does not have any patients currently who display these behaviours. The manager was able to discuss the action to take and what should be in a care plan. On this basis the area for improvement has been assessed as met.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are in place to manage the care of patients presenting with an infection.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of two patient care records with an infection evidenced that a care plan had not been devised.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the arrangements for a keypad exit on the front door are reviewed in accordance with best practice and the Deprivation of Liberty (DoLs) guidelines.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion and observation confirmed that the code for the keypad exit was available at the top of the pad. The manager also confirmed that this had been discussed with patients and trust representatives.</p>		

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.9 Stated: First time	The registered person shall ensure that a receipt is provided to any person making a deposit of cash to the home. Receipts should be signed by the person making the deposit and the member of staff receiving the cash. If the person making the deposit is unwilling or unable to sign, two members of staff should sign.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a receipt book is in place and countersigned by two staff.	
Area for improvement 2 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that hairdressing and private podiatry treatment records are signed by the person providing the treatment and countersigned by a member of staff who can verify that the patient received the treatment.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that hairdressing and private podiatry treatment records were signed by the person providing the treatment and countersigned by a member of staff who verified that the patient received the treatment.	
Area for improvement 3 Ref: Standard 14.28 Stated: First time	The registered person shall ensure that records of income and expenditure are maintained for the patients' comfort fund in the same fashion as individual patients' monies. The bank account used to administer the fund should be reconciled at least quarterly with the reconciliation signed and dated by two people.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that an excel sheet had been devised to record all income and expenditure for the patients' comfort fund in the same fashion as individual patients' monies. The bank account used to administer the fund is reconciled at least quarterly with the reconciliation signed and dated by two people.	

<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of patients' property which they have brought to their rooms are reconciled and signed and dated by two staff at least quarterly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that records of patients' property which they have brought to their rooms is reconciled and signed and dated by two staff at least quarterly.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that individual patient agreements are updated to reflect the current terms and conditions applicable for individual patients. Any change to a patient's agreement should be agreed in writing by the patient or their representative.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion and review of documentation confirmed that individual patient agreements are updated to reflect the current terms and conditions applicable for individual patients. Any change to a patient's agreement is forwarded in writing to the patient or their representative. They are asked to sign and return agreement.</p>		

6.2 Inspection findings

6.3 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 that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota from 6 January to 19 January 2020 confirmed that the planned staffing level and skill mix was adhered to. The manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered. Review of the duty rota evidenced that a correction fluid was used to make changes; other changes were crossed out and rewritten. This area was discussed with the manager who agreed to stop using a correction fluid and to sign the duty rotas to confirm hours worked by staff. This area would be reviewed at the next inspection.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Observation of staff evidenced that staff working a long day all had their lunch together in the patients' dining room including the two trained staff on duty. Although staff would be accessible if needed it would not be viewed as best practice. The manager agreed to stop this practice and ensure that staff have allocated mealtimes. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

We also sought patients and relatives' opinion on staffing via questionnaires. No questionnaires were returned within the required time frame.

Patients spoken with during the inspection indicated that they were well looked after by the staff and felt safe and happy living in Hamilton Care Home.

Review of three staff recruitment files evidenced that these 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. 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 nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff. 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. Review of staff training records evidenced that staff had attended training regarding moving and handling, adult safeguarding, first aid and fire training. Not all staff had attended infection prevention and control (IPC) training. The manager agreed that the remaining staff members would attend training at the next available date.

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.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, keypad at the entrance and bed rails. There was also evidence of consultation with relevant persons.

Accidents/incidents records were reviewed in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. It was noted that these had been appropriately reported. The manager was advised that she should sign all incidents/accidents.

The manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. However, in two care records reviewed, a post incident review report was not available. This was identified as an area for improvement. Audits of accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance. 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, representatives and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff. At the previous inspection it had been observed that cleaning chemicals had not been securely stored. On this inspection it was observed that cleaning chemicals had not been securely stored in an identified sluice room. As this was the second inspection that compliance with Control of Substances Hazardous to Health (COSHH) regulations had not been adhered to, an area for improvement was identified.

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, infection prevention and control, and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to post incident review reports and COSHH regulations.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

A review of five patients' care records showed that these were generally maintained in line with the legislation and standards. The care records are devised by a computer system and included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the patient. However in two identified care records crossed out errors had not been signed. Review of one patient with a wound evidenced that there were no recordings in the computerised record for this wound. A wound file was available with the wound assessment chart and care required. These two areas were discussed with the manager and two areas for improvement was made.

Review of other care needs assessment and risk assessments (e.g. manual handling, abbey pain scale, nutrition) were reviewed and updated on a regular basis or as changes occurred. The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. At the previous inspection an area for improvement was identified in relation to devising care plans to manage the care of patients presenting with an infection. Review of two care records of patients with an infection evidenced that this area of improvement had not been addressed and has been stated for the second time.

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 contemporaneous records were maintained. 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), SALT or the dietician changed. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The serving of the lunchtime meal was observed in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and adequate numbers of staff were overseeing the mealtime. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was very good and they stated they are always offered a choice of meals. The menu for the day is usually displayed on the large television screen however the home are currently experiencing difficulties with this new system and stated that the issues should be resolved in the next few days.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The review of these audits is detailed in section 6.6. Further evidence of audit was contained within the report of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information and staff shift handovers. Minutes of staff meetings were reviewed and found to be satisfactory during the inspection. Minutes of patients and their representative meetings were not available. An area of improvement was identified.

Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the manager always takes time to speak to them individually.

Areas of good practice

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

Areas for improvement

Areas were identified for improvement in relation to care records and minutes of patients’ and their representatives’ meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 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.

Observation and discussion with the manager and staff confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that patients were treated with dignity and respect. Staff stated that they were aware how to promote patients’ rights, independence, dignity and how confidentiality was protected. The manager described how residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Staff discussion confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, accidents and incidents and nutrition, where appropriate.

Patients were provided with information in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and patients confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff. Observation confirmed that resident needs were responded to promptly. Observation also confirmed that staff listened to, and communicated with patients in an appropriate manner.

Patients were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read. However as noted in section 6.4 minutes of patients and their representative meetings were not available.

Discussion with staff, patients, observation of practice and review of care records confirmed that patients were enabled and supported to engage and participate in meaningful activities when these were available. The manager confirmed that they have recruited a second activity therapist to ensure activities are available on a daily basis.

Patients and their representatives were asked to complete a questionnaire that had been left in the home on the day of the inspection; we had no responses within the timescale specified. Staff were asked to complete an on line survey; we had no responses within the timescale specified.

Comments received from patients and staff during inspection was as follows:

- “I am very happy here. We are well looked after.” (patient)
- “I’m looked after well and couldn’t ask for better.” (patient)
- “It is very good here.” (patient)
- “Staff are good they help us when we need it.” (patient)
- “I enjoy working here.” (staff)
- “The food is good; you can get what you want.” (patient)
- “The patients really enjoy the activities we need more arranged.” (staff)

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

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 home. The manager was knowledgeable in regards to the registered categories of care for the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. All who we met were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home.

Since the last inspection there has been no change in management arrangements. The manager stated that the registered manager is to return in the next few months. The manager was asked to inform RQIA when this occurred. A review of the duty rota evidenced that hours worked by the manager had been recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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, infection prevention and control (IPC) practices, care records and medications.

The manager confirmed 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 documentation maintained was examined and evidenced to be up to date, appropriate and in accordance to the required standards. A new recording booklet was introduced in September 2019; this clearly noted any actions resulting from the visit and the ongoing actions taken by the manager.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Patients Guide. The deputy manager stated and the registered provider agreed that they were kept informed regarding the day to day running of the home and arrangement of management meetings.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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, Linzi Tweedy, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 7 February 2020	<p>The registered person shall ensure that care plans are in place to manage the care of patients presenting with an infection.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Acute infection care plan templates are in place - when a resident is prescribed an antibiotic the relevant care plan template is complete, placed in the residents file, and recorded in the diary to discontinue when the antibiotic is due to complete. Any resident who has a history of recurrent infections has a relevant care plan in place in addition to the acute care plan for the current infection.</p>
Area for improvement 2 Ref: Standard 22.9 Stated: First time To be completed by: 7 February 2020	<p>The registered person shall ensure that post incident review reports are completed for all patients sustaining a fall, to determine reason for falling and any preventative action to be taken.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A post fall review protocol and check sheet is in place, all nurses are aware of this. The registered person checks and signs to ensure that the protocol has been followed after each fall.</p>
Area for improvement 3 Ref: Standard 47.3 Stated: First time To be completed by: 7 February 2020	<p>The registered person shall ensure that COSHH regulations are compiled with at all times</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Following the inspection mechanical combination locks were purchased and installed on all cupboards used to store COSHH products - this ensures all substances are securely stored away from all residents in line with COSHH recommendations.</p>
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by:	<p>The registered person shall ensure that any errors in care records are signed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: When care plans have been discontinued or altered in any way staff</p>

7 February 2020	nurses have been told to date and sign them clearly. This is monitored during the care plan audits.
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that information on wound care is available on the computerised records. Ref: 6.4 Response by registered person detailing the actions taken: All staff nurses have now been made aware that Wound care plans, both Chronic and Acute must now be computerised. These should be printed and placed in the resident's care file in addition to a copy being placed in the wound file.
Area for improvement 6 Ref: Standard 7 Stated: First time To be completed by: 7 February 2020	The registered person shall ensure that minutes of patients' and their representatives' meetings are maintained and available for inspection. Ref: 6.4 Response by registered person detailing the actions taken: We have invited relatives / representatives and residents who wish to take part in a forum to express their interest. When we receive details of anyone wishing to be part of the forum we will organise a meeting.

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



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